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EVALUATION STUDY OF FAMILY NURSE PRACTITIONERS IN US ARMY HEALTH--ETC(U)
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Evaluation Study of Family Nurse Practitioners
in US Army Health Care

HCSD Report #82-002

LTC A.J. Frelin, ANC, US Army

Health Care Studies Division
Academy of Health Sciences, US Army
Fort Sam Houston, Texas 78234

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Final Report

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ATTENTION TO READERS

Please be aware that the survey instrument as mentioned in Acknowledgements was modified from an original by Ward, M.J., Family Nurse Practitioners: A Study of Perceived Competencies and Recommendations. Specifically, in this report pages 14-35, 40-50, and 61-71 are modifications of that instrument which was copyrighted (1975) and were used with her permission. Despite the fact that this is an uncopyrighted report, others who would use this instrument or modifications of it must gain permission from Dr. Ward.

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20. ABSTRACT (Continue on reverse side if necessary and identify by block number) Family Practice Clinics have been established throughout the AMEDD and have been growing steadily since that time. The Army Nurse Corps has not establish- ed the need for and the functions of the Family Nurse Practitioner in this setting. The purpose of this study is to evaluate the practice of FNP's with- in the AMEDD. The objectives of the study were (1) to define the role and scope of FNP practice in the Army, (2) to determine the general health com- petencies Army Family Nurse Practitioners perceive themselves to have, (3) to determine the health care competencies the FNP's perceive themselves to need.		

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SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

1. INTRODUCTION.

a. Problem: Family Practice Clinics have been established throughout the Army Medical Department. Generally, the Army Nurse Corps has not established the need and/or functions of the Family Nurse Practitioner. Historically, limited numbers of Adult, Pediatric and OB/Gyn nurses have functioned within the framework of their specialties. However, they are not prepared to provide care for all age groups and practice areas. Presently, six civilian-prepared Family Nurse Practitioners provide care in four Family Practice clinics; however, no requirement for their role has yet been established.

b. Purpose: The purpose of this study is to evaluate the practice of the Family Nurse Practitioner in the Army Family Practice System. The report will provide the Chief, Army Nurse Corps, Office of The Surgeon General with a basis for decision-making concerning the establishment of requirements and the optimum utilization of the Family Nurse Practitioner.

c. Background: Beginning in FY 74, Family Practice Services/Departments became a part of the AMEDD. They have expanded rapidly to a present level of approximately 150 staff physicians and 80 residents at 24 sites. During the formative phase, requirements were requested for an Ambulatory Nurse Clinician (Practitioner) for each module "to assume those duties as designated by the Chief of the Family Practice Service, that can be expeditiously handled for the patient without waiting to see the family practitioner. Examples of these duties are routine prescriptions; refills; routine pap smears; non-urgent walk-ins; parent counseling and health education to families on matters relative to treatment, medication, diagnostic tests, diet, rest" (Fort Sill, 1975, Historic family practice data from HSC - not published). There are currently thirteen nurse practitioners functioning within the AMEDD in Family Practice Clinics, nine in CONUS, and four in 7th Army. Only six of these, however, are prepared Family Nurse Practitioners.

d. Literature Review:

In addition to a review of medical and nursing literature, the following documents/sources were utilized: (1) Defense Documentation Center for Scientific and Technical Information (DDC) (search #099844); (2) Defense Logistics Studies Information Exchange (DLSIE) (search #487-82); (3) The Army Study Program (TASP); and (4) MEDLARS II (search #55145634). Also, the investigator reviewed all historical data available concerning family practice in the AMEDD, through the Ambulatory Care Division, Health Services Command.

Philosophically, family practice is a relatively unrestricted medical practice encompassing all of the major disciplines of clinical medicine with emphasis on the family as a unit. The well-trained family practitioner has specialized training in each of the specialties, with distinct and extensive emphasis on delivery to the family of comprehensive and continuing health care to include coordination with other required health care professionals. The essential difference between family practice and general practice is the degree of emphasis placed on the family as a unit.

Family Nurse Practitioners, like nurse practitioners in general, have been studied at length from various perspectives. French (1972), Januska (1974), MacIntyre and Watkins (1972), Walker and Varek and Ashigsga (1978) have all addressed various preparatory models for these nurses. In 1977 the Department of Health, Education, and Welfare (DHEW) published the proceedings of a national conference of representatives from Family Nurse Practitioner Programs held in January 1976. DHEW's Directory of Expanded Role Programs for Registered Nurses lists 43 programs to prepare Family Nurse Practitioners for practice--twenty certificate, three baccalaureate, and twenty masters programs.

A major consideration in the potential use of expanded role and/or "Physician Extender" practitioners is their degree of acceptance by other care providers and clients. Extensive study has shown that not only is high quality care rendered, but the nurse practitioner is well-accepted by the patient (Russell and Williams, 1976; Sox, 1979; Spitzer, 1974). Despite quality care and increased patient compliance, acceptance by physicians has been less dramatic and in one study nearly 50 percent of physicians queried would never employ nurse practitioners (Lullu, 1978). Also of importance is a study of Physician Attitudes (Fottler, 1979) which found that 69 percent of physicians would utilize Nurse Practitioners (NP) and Physician Assistants (PA) identically; two percent would delegate fewer tasks to NPs than PAs. Ultimately, according to Rabin (1980), it is the practicing physicians' use of NPs that will determine the degree to which they are delegated primary care responsibilities. This has also been described by Herzog (1976) and Wright (1975). Ward (1979) documented extensive information from the civilian sector concerning competencies, practice settings, and categories of health needs cared for by FNP.

2. OBJECTIVES.

- a. To define the role and scope of practice of the Family Nurse Practitioners in the Army.
- b. To determine the general health care competencies Army Family Nurse Practitioners perceive themselves to have.
- c. To determine the general health care competencies Army Family Nurse Practitioners perceive themselves to need.
- d. To determine the FNPs physician-preceptors' perception of the FNPs competencies.
- e. To measure physicians' acceptance of FNP role.
- f. To measure patient satisfaction with FNP care.
- g. To measure nurse managers' attitudes toward the FNP.

3. METHODOLOGY.

a. Overall Approach: Surveys of care providers, patients, and nurse managers were conducted at all US Army facilities with Family Practice Services.

b. Data Collection:

(1) Each of the six practicing Family Nurse Practitioners were provided a packet containing: (a) Family Nurse Practitioner Survey; (b) Physician Preceptor Survey; and (c) one hundred Patient Surveys. The instructions given regarding the patient surveys were to give one to each patient until the supply was exhausted.

(2) Concurrently, physicians practicing in Family Practice setting throughout the AMEDD were surveyed for their perceptions of appropriate FNP role functions. Identified were 229 possible respondents from 24 sites, 151 staff physicians and 78 residents.

(3) Finally, 53 Army Nurse Corps officers identified as Chief Nurses on the "Key Assignments Roster" were surveyed for their perception of need for these care providers.

(4) The study was conducted using survey instruments mailed to the identified groups. Each was provided a mailer to facilitate return and to preserve anonymity.

c. Analysis of Data:

(1) Descriptive statistics were calculated.

(2) The UNIVAC computer at Fort Leavenworth, Kansas was used to run programs from the Statistical Package for the Social Sciences (Nie et al, 1975).

4. FINDINGS.

a. Family Nurse Practitioners: The Family Nurse Practitioner Survey consisted of five parts: (1) Demographic; (2) Attitude Scale; (3) Present Assignment; (4) Role Functions; and (5) Diagnostic Categories. Five of six practitioners participated. All data are displayed in Appendix 1. The list of role functions/diagnostic categories is broadly inclusive; it contains 121 items: 28 role functions and 93 diagnostic categories. It was reduced, after inspection, to 15 role functions and 24 diagnostic categories identified as being used regularly in practice. Appendix 6 presents this list including preceptor and family physician perceptions.

b. Family Practice Physician Preceptors: The Family Practice Physician Preceptor Survey consisted of three parts: (1) Demographics; (2) Attitudes; and (3) Role Functions/Diagnostic Categories. All results are displayed in Appendix 2. The information on the functions/diagnostic categories used regularly in practice is displayed in Appendix 6.

c. Patients: The Patient Survey consisted of twenty-one items. All results are found in Appendix 3. One hundred sixty-three responded.

d. Family Practice Physicians: The Family Practice Physician Survey consisted of four parts: (1) Demographics; (2) Attitudes; (3) Role Functions; and (4) Diagnostic Categories. Results are found in Appendix 4. One hundred eleven (48%) responded (60 staff physicians (40%) and 51 residents (65%)). This group's perceptions regarding the regularly used functions/diagnostic categories are displayed in Appendix 6.

e. Chief Nurses: The Needs Perception, FNP Survey of Chief Nurses consisted of eight attitudinal items. All results are displayed in Appendix 5. There were 42 respondents (79%).

5. DISCUSSION.

The results obtained in this study clearly indicate a positive role for the Family Nurse Practitioner in the Army Medical Department. Conceptually, it appears that family practice will continue to grow and to attain major status in the AMEDD in the future. Considering the primary mission of the AMEDD, that of support to the mobilized force, the FNP is our most versatile expanded role nurse. They are able to address the total health needs of the mobilized soldier. The recommendation must therefore be to recognize additional requirements at least at the major Family Practice Departments for the FNP. This attitude is shared by a great majority of the ANC nurse managers queried.

Still the question would remain, where should these care providers come from and in what numbers? It is generally accepted that the number of physicians is one major criterion for determining number of nurses required especially in hospitals, and it is also true that a majority of ANC officers are assigned to hospitals. Historically, ANC has been able to maintain itself at 100% of recognized requirement, while the Medical Corps in the volunteer force has remained well below their recognized requirement. In FY 81, however, the Medical Corps reached 100% and recognized new requirements approaching 600, which it projects will be filled in FY 82. Therefore, relatively, the ANC is being asked to do more with less. Further, the usual source for the new nursing specialties is 66J/66H who are also the core of the hospital force. Therefore a dilemma remains; if requirements are recognized, where should they come from and how many? If only one FNP were assigned to each HSC installation with five or more Family Physicians assigned, a beginning requirement for ten FNPs would be established. Of course, from the Corps point of view the most advantageous source would be to establish a higher Corps strength and then recruit both from within and without for the specialty. However, since spaces cannot be increased internally, spaces from within the Corps would need to be allocated at least temporarily. The choice which would impact least on those groups involved in hospital nursing would be a redistribution of the current nurse practitioner spaces and clinic staff spaces.

Lastly, the issue of source for the training itself: there are presently 43 programs in the civilian sector preparing Family Nurse Practitioners, of which 40 are appropriate to our needs (20 certificate and 20 masters). It would appear to be advantageous to (a) recruit prepared FNPs from the civilian sector and (b) to accept ANC applicants for civilian training, perhaps in a cooperative program as is now used in the ANC Nurse Midwifery Program. One

must mention that because of the extremely small N (5) of FNPs and preceptors, statistical comparisons were not carried out between groups. The graphic depiction in Appendix 6 is for illustration only. Also, in the case of the patient survey, the responses rate (range of 15 to 50%; \bar{x} = 32.6%) along with method used inserts the possibility that the respondent sample may not be representative of the population.

6. CONCLUSIONS.

- a. The Family Nurse Practitioners perceive themselves to be competent in those role functions/diagnostic categories for which they were prepared and which they regularly use.
- b. The Family Physician preceptors perceive the Family Nurse Practitioners to be competent in these same skills.
- c. Generally, those Family Physicians not working in clinics with FNPs are less positive regarding their placement than those who currently have collegial relationships with FNPs.
- d. Patients are very positive in their evaluation of, and satisfaction with, the care they have received from the Family Nurse Practitioners studied.
- e. The nurse managers questioned were generally positive about the need for these care providers in the AMEDD. However, they also feel there needs to be an increase in Corps strength to accommodate them.

7. RECOMMENDATIONS.

- a. Recommend that requirements be recognized in the AMEDD Family Practice System for Family Nurse Practitioners.
- b. Recommend that an increase in Corps strength be requested for this purpose.
- c. Recommend an interim readjustment of current nurse practitioner spaces and clinic staff spaces to allow for utilization of FNPs.
- d. Recommend recruitment of prepared FNPs from the civilian sector and/or acceptance of ANC applicants for civilian training.

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INFORMATION TO PARTICIPANTS

The intent of this survey is to Evaluate the position and practice of the Family Nurse Practitioner in the Army Medical Department. Ultimately all information will be used to provide a decision-making instrument by which policy guidance can be prepared for the Army Nurse Corps allocation of resources to this specialty area.

For the purpose of this study, the following definitions are used:

Family Nurse Practitioner - A health practitioner who is a registered nurse especially prepared for an expanded practice role in primary care which requires advanced skills. These skills are acquired through a special program of study and prepares the nurse to make initial and/or continuing assessments, independently or in collaboration with others, of the health status of persons of all ages. These nurses are prepared to take health histories, perform physical examinations, diagnose, treat, and manage common health problems, recognize health needs and problems and depending on the need or problem, provide care alone or jointly with other health care providers or initiate referrals for care beyond their scope of practice.

Primary Care - That care which constitutes the majority of health care for most people most of the time. Primary Care is thus majority care. It describes a range of services adequate for meeting most of daily personal health needs and includes the need for preventive health maintenance and for evaluation and management on a continuing basis of general discomfort, early complaints, symptoms, problems and chronic diseases for maintenance of optimal function. In an organizational sense, primary care describes care at the entry point into a comprehensive health care system. Once entry is made and initial care given primary care's responsibility is for assuring continuity of all care that the patient may subsequently need.

When you have completed this survey please follow the instructions for folding and stapling (as indicated on the reverse of the last page) before returning the survey through the mail. OR: If the project officer is at your installation please return it to her as directed.

DATA REQUIRED BY THE PRIVACY ACT

TITLE OF FORM: Survey of Family Practice Participants regarding evaluation of the position and practice of Family Nurse Practitioners.

PRESCRIBING DIRECTIVE: AR 600-46

AUTHORITY: Section 3012, Title 10, USC

PRINCIPAL AND ROUTINE USES: The data will be used to support the research, evaluation, training requirements, or other mission requirements of US Army Medical Departments. The confidentiality of this information will be respected. No information which might allow identifying any single individual or small group of individuals will be given. The data may be retained on computer cards, computer files, or individual survey forms to be processed for statistical analysis.

COMPLIANCE IS VOLUNTARY. YOU DO NOT HAVE TO FILL OUT THE SURVEY. THERE IS NO EFFECT UPON THE INDIVIDUAL FOR FAILURE TO DISCLOSE INFORMATION.

FAMILY NURSE PRACTITIONER SURVEY

The following information is needed for analysis of study data; it will be used only for that purpose and will remain confidential.

PART 1
DEMOGRAPHICS

1. Professional Education:

- a. Basic Nursing Education 5 Diploma _____ AA/AD _____ BSN _____ MSN _____
- b. Highest formal education completed (if your major at any level was other than nursing please specify):
- 2 BSN (Major, if other than nursing) _____
- 3 Masters (Major, if other than nursing) _____
- Doctorate (Major, if other than nursing) _____

c. Preparation in Family Practice:

Type of Program: 3 Masters 2 Certificate

Total length of program in months:

Total length of Preceptorship in months:

Number of years you have practiced as FNP: 4.8 yrs. mean (range 2-8 yrs.)

2. Your age in years: 35.8 yrs. (32-49 yrs.)

3. Facility of Practice: 1 MEDCEN 2 MEDDAC 2 Satellite Clinic

4. What percentage of your present working time is spent in the following activities?

Mean	Range
9% Family Unit Counselling, Care and Teaching	(5-15%)

62% Primary Care and Individual Patient Teaching (14-80%)

2.7% Inpatient Rounds/Consultation (1-5%) - 3 Practitioners

4% Consultation with other Care Providers (2-10%)

1.4% Classroom or Clinical Staff Teaching (0-3%)

.8% Research (0-2%)

10.6% Administrative Duties (3-25%)

(0-38%) 0 = 2, 2 = 1, 10 = 1, 38 = 1

10%* Other (please specify) CE AMIC Screening

10% TOTAL

Recent Shortage

6. Approximately what percent of your patients are also seen by the physician on each visit? 6 % (3-10%)

7. Do you have specific patients/families for whom you provide care as their primary provider with consultative support from other Family Practice Providers?

5 YES 0 NO

If yes, what percent of your patient visits fall in this category? 44 %
(5-95%)

PART II

ATTITUDE SCALE

Please answer the following items by circling one numerical choice. The digit "1" equals AGREE/APPROPRIATE, and the digit 7 equals DISAGREE/INAPPROPRIATE.

1. The Family Practitioner combines his/her skills as a well-prepared nurse with additionally acquired medical skills to provide better care for patients and their families.

AGREE 1 2 3 4 5 6 7 DISAGREE

2. In the Army, since nurses in FMP roles are assigned against basic nursing spaces, they impact negatively against the ANC's ability to accomplish their mission.

AGREE 1 2 3 4 5 6 7 DISAGREE

3. Family Nurse Practitioners should not be under Department of Nursing but rather under Family Practice Service.

AGREE 1 2 3 4 5 6 7 DISAGREE

4. The standards of Nursing Practice for the ANC are not appropriate for FNPs.

AGREE 1 2 3 4 5 6 7 DISAGREE

5. There is an improvement in outcome of patient care when an FNP provides Health Care as opposed to "other" non-physicians or, in fact, MDs.

AGREE 1 2 3 4 5 6 7 DISAGREE

6. There is a difference between the care provided by FMPs and PAs.

AGREE 1 2 3 4 5 6 7 DISAGREE

NOTE: Questions 7 thru 12 - Interest here is in the role/functions rather than the specific individual in the position. First indicate the title/job position (NO NAME), then circle the number that best reflects your attitude concerning the appropriateness of that role/function.

7. Indicate your immediate supervisor's title/position: Physician Preceptor (3)
Chief, Ambulatory Nsg Svc (2)

APPROPRIATE 1 2 3 4 5 6 7 INAPPROPRIATE
4 1 (Chief, Amb Nsg Svc)

8. Indicate your rater's title/position: Physician in clinic (4), Chief Nurse (1)

APPROPRIATE 1 2 3 4 5 6 7 INAPPROPRIATE
 2 2 1 (Chief Nurse)

9. Indicate your senior rater's title/position: Chief Nurse (3), Chief, Amb Nsg Svc (2)

APPROPRIATE 1 2 3 4 5 6 7 INAPPROPRIATE
 1 1 1 1 1

10. Indicate the title/position of the person who determines your duty hours:

Self (1), Chief Nurse (2), Chief, Family Practice (1), Chief, Amb Nsg Svc/Chief FP (1)

APPROPRIATE 1 2 3 4 5 6 7 INAPPROPRIATE
 4 1

11. Indicate the title/position of the person who reviews your patient records:

Physician in clinic (5)

APPROPRIATE 1 2 3 4 5 6 7 INAPPROPRIATE
 4 1

12. Indicate the title/position of the person who determines FNP Functions in your clinic: Self (4), Self and Team Leader (1)

APPROPRIATE 1 2 3 4 5 6 7 INAPPROPRIATE
 5

PART III

PRESENT ASSIGNMENT

1. a. When you arrived at your present assignment, was there a written policy giving nursing practice for FNP's? 1 YES 4 NO

b. Is there one now? 5 YES 0 NO 0 Being Developed

c. If yes, indicate the title/position of the person who wrote it:

Family Nurse Practitioner (5)

2. a. Do you attend a Nurse Practitioners Conference within your organization?

5 YES 0 NO 0 Not Available Here

If yes:

b. Indicate frequency 0 Daily 1 Weekly 3 Monthly 1 Quarterly 0 PRN

c. Indicate focus 4 Role Development

1 Protocal Development

1 Patient Centered

4 Work Associated Problems

(2) Other (please specify) _____

3. What inhouse staff development programs do you participate in?(Check all that apply)

 None

 5 Planned Programs within FP

 4 Planned Programs within Department of Nursing

 4 Informal, within FP

 3 Informal, within Department of Nursing

 1 Other (please specify) _____

4. Are you currently attempting any evaluation of your practice?

 5 YES (Describe) _____

 0 NO (Reason) _____

5. Are you conducting, or in any way involved in, any nursing research?

 2 YES (Describe) _____

 2 NO

6. Please list any/all hospital committees on which you serve as a member or for whom you provide consultation.

MEMBER

CONSULTANT

 Nursing Audit (2)

 Nurse Practitioner (1)

 Family Practice Curriculum (1)

 CHEP (1)

 Multidiscipline Patient Support (1)

7. Which of the following Department of Nursing meetings do you usually attend?

 3 Nursing Staff Meeting

 5 Nursing Inservice Meeting

 2 Head Nurses Meeting

 0 Department of Nursing Morning Report

 Other (please specify) _____

8. Which Professional organizations do you belong to and what is your level of participation?

ORGANIZATION	MEMBER ONLY	ATTEND MEETINGS	SERVE ON COMMITTEE	OFFICER
	(1) Sigma Theta Tau	State ANA (1)	NLN (State) (1)	(1) Local Nsg Honors
	ANA Council on Practitioners		ANA (State) (2)	
	(1)			

9. What has most facilitated your functioning in your present assignment? (Check all that apply)

4 Physician Support 1 Orientation Program
3 Nursing Support 2 Other Nurse Practitioners
3 Patient Acceptance 3 Ancillary Support
1 Office Space _____ Other (please specify) _____

10. What areas have been a particular problem for you in your present assignment?

1 Lack of Physician Support 1 Lack of written guidelines
0 Lack of Nursing Support (Communication) 1 Lack of teaching aids
0 Ancillary Hostility 1 Other (please specify) _____
2 Too many patients _____
1 Facilities (Office Space) _____

11. What would you like to do in your practice that you've been unable to do?

0 More teaching 1 Other (please specify) _____
2 Personal Education Research _____
1 Group Classes _____

12. What added dimension do you bring to the family practice role because you are a nurse?

See Appendix 1A

What added dimension do you bring to the family practice role because you are a nurse?

Responses:

"A greater awareness of patient needs and a greater accessibility for patients."

"Ability to encourage greater self care by patients."

"Health education."

"Compassion."

"Ability to take time to listen to the patient and family."

"Consider patient and family as a whole."

"Increased emphasis on 'wholistic' care with emphasis on acceptance of client as an individual who is primarily responsible for his/her care. Therefore client assumes more active role in care with (hopefully) increased self esteem. MDs have picked up on this and many send me referrals for clients who they feel can benefit from this approach, but who (MDs) are 'not inclined' to render such care themselves. Also have had many patients/clients ask for switch to my panel after seeing me on a temporary basis."

"Patient advocacy--knowledge of the total Health Care System."

"1) Health Maintenance Orientation

2) Above all nurses listen/care and develop complete history better than MDs.

3) Every patient gets health education with each visit and encouragement to do self care."

DIRECTIONS FOR PARTS IV AND V:

Column A: Contains a list of activities, abilities, skills or knowledge which a Family Nurse Practitioner might need. Your response in column B, C, and D are to be made in relation to the activities listed in column A.

Column B: How competent do you now judge yourself to perform the activity listed in column A. Please check the most appropriate response according to the following code:

1. Very Competant
2. Moderately Competant
3. Little or No Competance

Column C: On the average, how often do you use the skill/function in your practice? Check the most appropriate response according to the following code: (If you do not use or do not need the skill, leave blank)

1. Less than once a month
2. More than once a month but less than once a week
3. Several times a week
4. Daily or more frequently

Column D: Indicate one principle sourse which you judge to have provided you the competence you have indicated in column B. Check the most appropriate response according to the following code: (If you indicated little or no competence, leave blank)

1. Basic or BSN program
2. MSN program
3. Certificated practitioner program
4. Independant study/On-the-job training

PART IV - COMPETENCY SCALE OF ROLE FUNCTIONS

PART IV - COMPETENCY SCALE OF ROLE FUNCTIONS											
COLUMN A - LIST OF ACTIVITIES	B				C				D		
	Very Competent	Moderately Competent	Not Competent	< Once a Month	> 1/Month - < 1/Week	Several Times a Week	Daily or More	Basic/BSN Program	MSN Program	Certified Practitioner	Independent Study/OJT
1. Obtain a complete health history	1	2	3	1	2	3	4	1	2	3	4
2. Perform a complete physical exam	5				3		2		2	3	
3. Provide posthospital surgical care (ie Dressing/Suture Removal)	5			3	1	1		4		1	
4. Teach patient/family to perform nursing care procedures	5			1	1	1	2	5			
5. Teach patient/family care of chronic disease/disability	5				1	2	2	4		1	
6. Teach patient/family general health promotion practices	5				1		4	4	1		
7. Teach patient/family well baby care	4	1		1				1	1	3	
8. Counsel patient/family dynamics of sexual education	3	2			3	2			2		3
9. Consult with allied health care re: patient/family	4	1			2	1	2	2	1	1	1
10. Make referrals to allied health care providers for needed care	4	1			3	1	1	1	2	1	1

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PART IV - COMPETENCY SCALE OF ROLE FUNCTIONS

COLUMN A - LIST OF ACTIVITIES	B				C				D			
	Very Competent	Moderately Competent	Not Competent	< Once a Month	> 1/Month - < 1/Week	Several Times a Week	Daily or More	Basic/BSN Program	MSN Program	Certified Practitioner	Independent Study/OJT	
11. Take referrals from allied health care providers for care	4			1	1	2		2	2			
12. Provide immunizations (routine and PRN)	4	1		1	1	3		2	1	1	1	
13. Interpret X-Rays		4	1		3	1	1			3	2	
14. Order diagnostic studies	4	1				5		2	3			
15. Perform 12 lead EKGs	2		3	4				1	1	1	2	
16. Interpret 12 lead EKGs	2	1	2	2	2	1			3	2		
17. Interpret CBCs	4	1			2	3		2	3			
18. Interpret Clotting studies	2	2	1	3	1		1		2	2	2	
19. Interpret cervical smears (Including Pap)	5				1	4		2	3			
20. Interpret urethral smears (Including VD)	3	2		2	2			2	3			

PART IV - COMPETENCY SCALE OF ROLE FUNCTIONS

COLUMN A - LIST OF ACTIVITIES	B				C				D			
	Very Competent	Moderately Competent	Not Competent	< Once a Month	> 1/Month - < 1/Week	Several Times a Week	Daily or More	Basic/BSN Program	MSN Program	Certified Practitioner	Independent Study/OJT	
21. Interpret Pulmonary function tests	1	2	3	1	2	3	4	1	2	3	4	
22. Interpret pregnancy tests		4	1	4		1			2	3		
23. Interpret culture results	5				2	3		2		3		
24. Interpret urine studies	5					3	2		2	3		
25. Perform Venepunctures	4	1		1		2	2	1	2	2		
26. Collect specimens for other care providers to analyze	3	2		2	3			3	1	1		
27. Explain to patient/family results of diagnostic studies performed by self	4			4				3	1			
28. Explain to patient/family results of diagnostic tests performed by other health care providers	4			1		4	1	1	1	3		
	3	2		1	1	1	2	2	1	2		

This section refers to the assessment and management of specific diseases/conditions. The following definitions are furnished to assist you in your selections:

Assess = The competency, ability, knowledge or skill to recognize, diagnose or evaluate the problem or condition named.

Manage = The competency, ability, knowledge or skill to manage the routine care of the usual patient/client with the problem/condition named whether it was initially evaluated or diagnosed by the practitioner or another care provider.

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

COLUMN A - LIST OF ACTIVITIES	B				C				D			
	Very Competent	Moderately Competent	Not Competent	< Once a Month	> 1/Month - < 1/Week	Several Times a Week	Daily or More	Basic/BSN Program	MSN Program	Certified Practitioner	Independent Study/DJT	
1. Assess Angina	1	2	3	1	2	3	4	1	2	3	4	
Manage Angina	2	2	1	4	1				1	3		
2. Assess Cardiac Arrhythmias	1	4		2	2				1	3		
Manage Cardiac Arrhythmias		3	2	4	1				1	3		
3. Assess Congestive Failure	3	2		4	1				1	3		
Manage Congestive Failure	2	2	1	3	1				1	3		
4. Assess Coronary Artery Disease	1	2	2	2	3			1		3	1	
Manage Coronary Artery Disease	2	2	1	1	3	1		1		3	1	

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

		B				C				D			
		Very Competent				Moderately Competent				Not Competent			
		< Once a Month				> 1/Month - < 1/Week				Several Times a Week			
		Daily or More				Basic/BSN Program				MSN Program			
		Certified Practitioner				Independent Study/n							
		1	2	3	4	1	2	3	4	1	2	3	4
COLUMN A - LIST OF ACTIVITIES		1	2	3	1	2	3	4	1	2	3	4	
5. Assess Hypertension		5				2	2	1	1	2	2		
Manage Hypertension		5				2	1	2		2	3		
6. Assess COPD		4		1	2	2	1		2	1	2		
Manage COPD		4	1		2	2	1		1	1	3		
7. Assess URIs		5						5	1	2	2		
Manage URIs		5						5	1	2	2		
8. Other (please specify)													
Assess													
Manage													
GASTROENTEROLOGY:													
9. Assess Gastroenteritis		5				1	3	1	2	1	2		
Manage Gastroenteritis		5				1	3	1	2	1	2		

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

COLUMN A - LIST OF ACTIVITIES	B				C				D			
	Very Competent	Moderately Competent	Not Competent	< Once a Month	> 1/Month - < 1/Week	Several Times a Week	Daily or More	Basic/BSN Program	MSN Program	Certified Practitioner	Independent Study/Out	
10. Assess Colitis	1	2	3	1	2	3	4	1	2	3	4	
Manage Colitis	2	2	1	3	1	1			2	3		
11. Assess Gall Bladder Disease	1	4		4	1			1	2	2		
Manage Gall Bladder Disease	2	3		4	1			1	1	3		
12. Assess GI Ulcers	3	2		4	1				1	3		
Manage GI Ulcers	3	1	1	3	1				2	3		
13. Assess Liver Disease	2	3		4	1				2	3		
Manage Liver Disease	1	3	1	2	2			1		3		
14. Assess Constipation	5			1	3	1	5					
Manage Constipation	5			1	3	1	5					
15. Assess Hemorrhoids	5			4		1	2	2	1			
Manage Hemorrhoids	5			4		1	3	1	1			

PART IV - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

COLUMN A - LIST OF ACTIVITIES	B				C				D			
	1	2	3	4	1	2	3	4	1	2	3	4
ENDOCRINE DISORDERS:	Very Competent											
	Moderately Competent											
	Not Competent											
	< Once a Month											
16. Assess Diabetes Mellitus Manage Diabetes Mellitus	> 1/Month - < 1/Week											
	Several Times a Week											
	Daily or More											
	Basic/BSN Program											
17. Assess Thyroid Disorders Manage Thyroid Disorders	MSN Program											
	Certified Practitioner											
	Independent Study/OJT											
	1	2	3	4	1	2	3	4	1	2	3	4
13. Assess Steroid Therapy Manage Steroid Therapy	3	2			1	1	1	1	2	1	1	
	3	1				1	2	1	1		3	
	1	4		2	1	1			1	3		
	4	1	2	1	1				1	3		
19. Assess Hormone Replacement Therapy Manage Hormone Replacement Therapy	1	4	2	1	1	1			1	3		
	1	1	3	3	1					3	1	
	1	1	3	3	1					3	1	
	1	1	3	3	1					3	1	
NEURO, MUSCULAR, AND SKELETAL DISORDERS:	3	2		1	2	1				3	2	
	2	2	1	1	2	1				3	1	
	2	2	1	1	2	1				3	1	
	2	2	1	1	2	1				3	1	
20. Assess CNS Infections Manage CNS Infections	2	1	2	4					1		3	1
	2	1	2	4					1		3	1
	2	1	2	4					1		3	1
	2	1	2	4					1		3	1

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES											
B											
C											
D											
Very Competent											
Moderately Competent											
Not Competent											
< Once a Month											
> 1/Month - < 1/Week											
Several Times a Week											
Daily or More											
Basic/BSN Program											
MSN Program											
Certified Practitioner											
Independent Study/OJT											
COLUMN A - LIST OF ACTIVITIES											
21.	Assess Seizure Disorders	1	2	3	4	5	6	7	8	9	10
	Manage Seizure Disorders	1	4		4	1			1	1	2
		3	2	4	1				1	1	3
22.	Assess Headaches	3	2			1	2	2		1	3
	Manage Headaches	3	2			1	2	2		1	3
23.	Assess Multiple Sclerosis										
	Manage Multiple Sclerosis			4	4						2
24.	Assess Diabetic Neuropathies	2	3		4	1			1	1	2
	Manage Diabetic Neuropathies	1	3	1	4	1			1	3	1
25.	Assess Parkinson's	1	1	3	5				1	3	1
	Manage Parkinson's	1	1	3	5					3	1
26.	Assess CVA/Stroke	2	2	1	5					2	3
	Manage CVA/Stroke	2	2	1	5					1	3

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PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

COLUMN A - LIST OF ACTIVITIES	B				C				D			
	Very Competent	Moderately Competent	Not Competent	< Once a Month	> 1/Month - < 1/Week	Several Times a Week	Daily or More	Basic/BSN Program	MSN Program	Certified Practitioner	Independent Study/OJT	
27. Assess Arthritis/Rheumatism Manage Arthritis/Rheumatism	1 3	2 2	3 1	1 3	2 2	3 1	4 1	1 2	2 2	3 2	4 1	
28. Assess Strains, Sprains, Tears, Contusions of Muscle, Ligaments, and Tendons Manage Strains, Sprains, Tears, Contusions of Muscle, Ligaments, and Tendons	4 4	1 1	1 1	1 2	2 2	1 1	1 1	1 2	2 2	1 1	1 1	
GU DISORDERS												
29. Assess GU Infections, Acute/Chronic Manage GU Infections, Acute/Chronic	5 5				5 5	1 2	2 3	2 3				
30. Assess Renal Pathology Manage Renal Pathology	2 2	3 3	3 4	5 5				2 3	3 3			
31. Assess Renal Calculi Manage Renal Calculi	3 1	1 3	1 1	5 5				2 1	3 4			

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES													
COLUMN A - LIST OF ACTIVITIES		B				C				D			
		Very Competent	Moderately Competent	Not Competent	< Once a Month	> 1/Month - < 1/Week	Several Times a Week	Daily or More	Basic/BSN Program	MSN Program	Certified Practitioner	Independent Study/DJT	
32. Assess Prostatic Changes Manage Prostatic Changes	Assess Prostatic Changes	1	2	3	1	2	3	4	1	2	3	4	
	Manage Prostatic Changes	2	1	2	3	1				1	3		
33. Assess Venereal Disease Manage Venereal Disease	Assess Venereal Disease	5				4		1	1	2	2		
	Manage Venereal Disease	5				4		1	1	1	2	1	
34. Other (please specify)	Assess												
	Manage												
ALLERGY AND DERMATOLOGICAL PROBLEMS:													
35. Assess Acne Manage Acne	Assess Acne	5			1	2	1	1	1	2	2		
	Manage Acne	5			1	2	1	1	1	1	2	1	
36. Assess Asthma Manage Asthma	Assess Asthma		5			2	3		3	2			
	Manage Asthma	3	2			4		1		1	3	1	

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PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

COLUMN A - LIST OF ACTIVITIES		B				C				D			
		1	2	3	1	2	3	4	1	2	3	4	
		Very Competent				Moderately Competent				Not Competent			
		< Once a Month				> 1/Month - < 1/Week				Several Times a Week			
		Daily or More				Basic/BSN Program				MSN Program			
		Certified Practitioner				Independent Study/OJT							
37. Assess Hay Fever and Allergic Rhinitis/Sinusitis Manage Hay Fever and Allergic Rhinitis/Sinusitis		5					3	2	1	1	2	1	
38. Assess Bacterial/Fungus Skin Infections Manage Bacterial/Fungus Skin Infections		4	1		1	3	1	1	1	2	1		
39. Assess Allergic Dermatitis Manage Allergic Dermatitis		4	1		2	2	1	1	1	2	1		
40. Assess Skin Lesions (primary/secondary); Benign/Malignant Manage Skin Lesions (primary/secondary); Benign/Malignant		3	2		1	2	1	1	2	3			
41. Other (please specify) Assess Manage													
EYE, EAR, NOSE AND THROAT PROBLEMS													
42. Assess Cataracts Manage Cataracts		3	2		4	1			1	3	1		

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

COLUMN A - LIST OF ACTIVITIES	B				C				D			
	Very Competent	Moderately Competent	Not Competent	< Once a Month	> 1/Month - < 1/Week	Several Times a Week	Daily or More	Basic/BSN Program	MSN Program	Certified Practitioner	Independent Study/OJT	
43. Assess Corneal Abrasions/Ulcers Manage Corneal Abrasions/Ulcers	1 2	2 2	3 1	1 4	2 1	3 1	4 1	1 1	2 1	3 3	4 1	
44. Assess Conjunctivitis Manage Conjunctivitis	5 5			3 3	1 1			1 1	3 3	1 1		
45. Assess Glaucoma Manage Glaucoma	2 2	1 2	2 4	4 4				1 1	2 2			
46. Assess Visual Disorders, strabismus/muscle weakness, etc. Manage Visual Disorders, strabismus/muscle weakness, etc.	2 1	3 3	3 1	3 3	1 1	1 1	1 1	1 1	3 3	1 1		
47. Assess Otitis Media (without mastoiditis) Manage Otitis Media (without mastoiditis)	4 4	1 1	2 2	1 2	2 1	2 2	3 3	2 2	3 3	1 1		
48. Assess Foreign Bodies in the Eye Manage Foreign Bodies in the Eye	3 2	2 3	2 2	3 3				2 1	3 3	1 1		

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

COLUMN A - LIST OF ACTIVITIES	B				C				D			
	1	2	3	1	2	3	4	1	2	3	4	1
	Very Competent				Moderately Competent				Not Competent			
	< Once a Month				> 1/Month - < 1/week				Several Times a Week			
	Daily or More				Basic/BSN Program				MSN Program			
	Certified Practitioner				Independent Study/DJT							
49. Assess Foreign Bodies in the Ear (including excess cerumen)	5			2	2		1		2	3		
Manage Foreign Bodies in the Ear (including excess cerumen)	5			2	2		1		1	3	1	
50. Assess Lesions of the Oral Cavity	3	2		3	1	1			2	3		
Manage Lesions of the Oral Cavity	3	2		3	1	1			1	3	1	
51. Assess Tonsil/Throat Infections	5				1	1	3	1	2	2		
Manage Tonsil/Throat Infections	5				1	1	3		1	3	1	
52. Assess Foreign Bodies in the Nose	4	1		2	1		1	1	2	2		
Manage Foreign Bodies in the Nose	2	3		2	1		1	1	1	2	1	
53. Assess Foreign Bodies in the Throat	3	2		3		1		2	1	2		
Manage Foreign Bodies in the Throat	2	2	1	3		1		2	1	2		
54. Other (please specify)	Assess											
	Manage											

Y - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES											
COLUMN A - LIST OF ACTIVITIES	B				C				D		
	Very Competent	Moderately Competent	Not Competent	< Once a Month	> 1/Month - < 1/Week	Several Times a Week	Daily or More	Basic/BSN Program	MSN Program	Certified Practitioner	Independent Study/OJT
OBSTETRICAL - GYNECOLOGICAL PROBLEMS:											
55. Assess Prenatal Care (including Pelvimetry)	2	3		1	3		1	1	1	3	
Manage Prenatal Care (including Pelvimetry)	3	2		1	3		1	2	3		
56. Assess Postnatal Care	3	2		1	3		1	2	3		
Manage Postnatal Care	3	2		1	3		1	2	3		
57. Assess Family Planning Guidance, etc (include fitting devices)	5			1	3	1		1	3	1	
Manage Family Planning Guidance, etc (include fitting devices)	5				4	1		2	3		
58. Assess Abortions, Spontaneous	3	2		3	1		1		3	1	
Manage Abortions, Spontaneous	1	2	2	3	1				3	1	
59. Assess Abortions, Therapeutic	3	1	1	3		1	1		3		
Manage Abortions, Therapeutic	2	1	2	3		1			3		

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PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

		B				C				D			
		Very Competent				Moderately Competent				Not Competent			
		< Once a Month				> 1/Month - < 1/Week				Several Times a Week			
		Daily or More				Basic/BSN Program				MSN Program			
		Certified Practitioner				Independent Study/OJT							
COLUMN A - LIST OF ACTIVITIES		1	2	3	4	1	2	3	4	1	2	3	4
50. Assess Menstrual Problems Manage Menstrual Problems	Assess	5				2	3			1	2	2	
	Manage	4	1			2	3			1	2	2	
51. Assess Menopausal Problems Manage Menopausal Problems	Assess	5				3	2			2	2	1	
	Manage	3	2			2	3			1	3	1	
52. Other (please specify)	Assess												
	Manage												
MENTAL HEALTH PROBLEMS:													
53. Assess Alcoholism Manage Alcoholism	Assess	3	2			2	1	1		4		1	
	Manage	2	3			3	1			3	1	1	
54. Assess Drug Abuse/Dependence Manage Drug Abuse/Dependence	Assess	3	1	1		2	2			4		1	
	Manage	2		3		2	1			2		1	

APPENDIX V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

COLUMN A - LIST OF ACTIVITIES	B				C				D			
	1	2	3	1	2	3	4	1	2	3	4	
				Very Competent								
				Moderately Competent								
				Not Competent								
				< Once a Month								
				> 1/Month - < 1/Week								
				Several Times a Week								
				Daily or More								
				Basic/BSH Program								
				MSH Program								
				Certified Practitioner								
				Independent Study/OJT								
65. Assess Anxiety Reactions	3	2			3	1	1	3	1	1		
Manage Anxiety Reactions	3	2			3	1	1	1	2	2		
66. Assess Depression	3	2		2		2	1	3	1	1		
Manage Depression	3	2		1	1	2	1		2	2	1	
67. Assess Hysteria	3	2		4		1		3	1	1		
Manage Hysteria	3	2		4		1		2	1	2		
68. Assess Hyperactivity	2	3		3	2			2	1	2		
Manage Hyperactivity	2	3		3	2				2	3		
69. Assess Mental Retardation	2	2	1	4				2	1	1		
Manage Mental Retardation	1	3	1	4					2	2		
70. Assess Withdrawal	3	2		5				3		2		
Manage Withdrawal	1	3	1	5				2	1	1		

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

COLUMN A - LIST OF ACTIVITIES		B				C				D			
		Very Competent	Moderately Competent	Not Competent	< Once a Month	> 1/Month - < 1/Week	Several Times a Week	Daily or More	Basic/BSN Program	MSN Program	Certified Practitioner	Independent Study/OJT	
71. Assess Psychosomatic Psychophysilogic Complaints Manage Psychosomatic Psychophysilogic Complaints	Assess	3	2		1	1	2	1	2	2	1		
	Manage	3	2		1	1	2	1	2	1	1	1	
72. Other (please specify)	Assess												
	Manage												
CANCER PROBLEMS													
73. Assess Neoplasms (benign/malignant) Manage Neoplasms (benign/malignant)	Assess	2	2	1	3	2			1	1	3		
	Manage	1	1	3	2	2					3		
74. Assess Pre and Postoperative Cancer Care Manage Pre and Postoperative Cancer Care	Assess	2	1	2	2	1		1			3		
	Manage	2	1	2	2	1		1			3		
75. Assess Pre and Postchemotherapy Care Manage Pre and Postchemotherapy Care	Assess	1	1	3	2			1			2		
	Manage	1	1	4	2						2		

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

		B				C				D			
		Very Competent				Moderately Competent				Not Competent			
		< Once a Month				> 1/Month - < 1/Week				Several Times a Week			
		Daily or More				Basic/BSN Program				MSN Program			
		Certified Practitioner				Independent Study/OJT							
COLUMN A - LIST OF ACTIVITIES		1	2	3	4	1	2	3	4	1	2	3	4
76. Assess Pre and Postirradiation Care		1	2	2	3			1			2	1	
Manage Pre and Postirradiation Care		1	2	2	3			1			2	1	
EMERGENCIES:													
77. Assess Acute Abdomen		3	2		2	2		1		2	3		
Manage Acute Abdomen		2	3		2	2		1		2	3		
78. Assess Animal Bites and Stings		4	1		2	2		1		2	1	2	
Manage Animal Bites and Stings		4	1		2	2		1		2	1	2	
79. Assess Burns		4	1		3	2		3		1	1	1	
Manage Burns		4	1		3	2		2		1	1	2	
80. Assess Cardiac Emergencies		2	3		3	1		1		1	1	3	
Manage Cardiac Emergencies		1	2	2	2	1						3	

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES		B												C				D																									
		Very Competent				Moderately Competent				Not Competent				< Once a Month				> 1/Month - < 1/Week				Several Times a Week				Daily or More				Basic/BSN Program				MSN Program				Certified Practitioner				Independent Study/CJT	
COLUMN A - LIST OF ACTIVITIES		1	2	3	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4																							
81.	Assess Respiratory Emergencies	3	2		3	2			1	1	3																																
	Manage Respiratory Emergencies	1	4		3	2							1	3	1																												
82.	Assess Poisonings	2	3		4	1			2	1	2																																
	Manage Poisonings	2	3		4	1							1	3	1																												
83.	Assess Neglected/Battered Person (child or adult)	3	2		4	1			2	1	2																																
	Manage Neglected/Battered Person (child or adult)	3	2		4	1			1	3	1																																
84.	Other (please specify)																																										
	Assess																																										
	Manage																																										
MISCELLANEOUS:																																											
85.	Assess Blood Disorders (nonmalignant)	2	3		4	1							2	3																													
	Manage Blood Disorders (nonmalignant)	1	4		3	2							1	3	1																												

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PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

COLUMN A - LIST OF ACTIVITIES	B				C				D			
	1	2	3	4	1	2	3	4	1	2	3	4
Very Competent												
Moderately Competent												
Not Competent												
< Once a Month												
> 1/Month - < 1/Week												
Several Times a Week												
Daily or More												
Basic/BSN Program												
MSN Program												
Certified Practitioner												
Independent Study/CJT												
65. Assess Infectious Diseases	4	1			1	1	2	1	1		3	1
Manage Infectious Diseases	4		1		1	2	1	1		1	2	1
67. Assess Frostbite/Heat Injury	3	2			5				2		2	1
Manage Frostbite/Heat Injury	3	2			5				1	1	2	1
68. Assess Exogenous Obesity	4	1			1	2	2		2	2	1	
Manage Exogenous Obesity	4	1			1	2	2		2	2	1	
69. Assess Nutritional Deficiencies	3	2			2	1	1		2	1	2	
Manage Nutritional Deficiencies	2	3			2	1	1		1	2	2	
90. Assess Parasitic Disease	3	1	1		2	3				2	3	
Manage Parasitic Disease	3	1	1		2	3				2	3	
91. Assess Vitamin Deficiencies	2	2	1		5				1	1	2	1
Manage Vitamin Deficiencies	3	1	1		5					2	2	1

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES

PART V - COMPETENCY SCALE OF DIAGNOSTIC CATEGORIES												
COLUMN A - LIST OF ACTIVITIES		B				C				D		
		Very Competent	Moderately Competent	Not Competent	< Once a Month	> 1/Month - < 1/Week	Several Times a Week	Daily or More	Basic/BSN Program	MSN Program	Certified Practitioner	Independent Study/OJT
92. Assess Varicose Veins Manage Varicose Veins	1	2	3	1	2	3	4	1	2	3	4	
	3	2		1	4			2	1	2		
93. Assess Thrombophlebitis Manage Thrombophlebitis	3	2		1	4			3	1	1		
	3	2		1	4							
94. Other (in any category that may have been missed)	1	2	3	1	2	3	4	1	2	3	4	
	3	2		1	4			2	1	2		
95. Other	3	2		1	4			2	1	2		
	3	2		1	4							
96. Other	3	2		1	4							
	3	2		1	4							
97. Other	3	2		1	4							
	3	2		1	4							

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INFORMATION TO PARTICIPANTS

The intent of this survey is to Evaluate the position and practice Family Nurse Practitioner in the Army Medical Department. Ultimately all information will be used to provide the policy data needed for decisions regarding the role/place of the Family Nurse Practitioner in the AMEDD.

For the purpose of this study the following definitions are used:

Family Nurse Practitioner - A health practitioner who is a registered nurse especially prepared for an expanded practice role in primary care which requires advanced skills. These skills are acquired through a special program of study and prepares the nurse to make initial and/or continuing assessments, independently or in collaboration with others, of the health status of persons of all ages. These nurses are prepared to take health histories, perform physical examinations, diagnose, treat, and manage common health problems, recognize health needs and problems and depending on the need or problem, provide care alone or jointly with other health care providers or initiate referrals for care beyond their scope of practice.

Primary Care - That care which constitutes the majority of health care for most people most of the time. Primary Care is thus majority care. It describes a range of services adequate for meeting most of daily personal health needs and includes the need for preventive health maintenance and for evaluation and management on a continuing basis of general discomfort, early complaints, symptoms, problems and chronic diseases for maintenance of optimal function. In an organizational sense, primary care describes care at the entry point into a comprehensive health care system. Once entry is made and initial care given primary care's responsibility is for assuring continuity of all care that patient may subsequently need.

When you have completed this survey please follow the instructions for folding and stapling (as indicated on the reverse of the last page) before returning the survey through the mail. OR: If the project officer is at your installation please return to her as directed.

DATA REQUIRED BY THE PRIVACY ACT

TITLE OF FORM: Survey of Family Practice Participants regarding evaluation of the position and Practice of Family Nurse Practitioners.

PRESCRIBING DIRECTIVES: AR 600-46

AUTHORITY: Section 3012, Title 10, USC

PRINCIPAL AND ROUTINE USES: The data will be used to support the research, evaluation, training requirements, or other mission requirements of US Army Medical Departments. The confidentiality of this information will be respected. No information which might allow identifying any single individual or small group of individuals will be given. The data may be retained on computer cards, computer files, or individual survey forms to be processed for statistical analysis.

CONSENT IS VOLUNTARY. YOU DO NOT HAVE TO FILL OUT THE SURVEY. THERE IS NO PENALTY UPON THE INDIVIDUAL FOR FAILURE TO DISCLOSE INFORMATION.

FAMILY PRACTICE PHYSICIAN SURVEY

PART I

DIRECTIONS: Please indicate your answers clearly by circling the letter preceding the answer, by filling in the blank, or placing an X in the appropriate space. Please return the completed questionnaire to the project officer by COB _____. Your help is greatly appreciated.

1. Were you familiar with the concept of the Family Nurse Practitioner (FNP) before you received this questionnaire?
 - 4 a. Yes, my concept was about the same as the inclosed definition.
 - b. Yes, but concept was significantly different than inclosed definition.
 - c. No
 - 1 No Response
2. Does your clinic presently utilize FNPs?
- 5 a. Yes
- b. No
3. Which response most nearly describes your attitude toward the employment of FNPs in your setting?
 - 5 a. If the decision were mine, would employ.
 - b. If the decision were mine, would not employ.
 - c. Indifferent
4. What is your primary medical specialty? 3 Family Practice
2 General Practice
5. How many years have passed since you completed your training in your primary medical specialty? 1 - 5 years Mean 2 years
6. How old are you? 28 - 37 years Mean 31.2 years
7. How many years have you been on active duty? 4 - 10 years Mean 6.5 years
8. Are you making the Army a career?
 - 1 a. Yes
 - 3 b. No
 - c. Unsure
 - 1 No Response
9. How do you rate the acceptance of the Family Nurse Practitioner by patients in your clinic?
 - 5 a. Excellent
 - b. Good
 - c. Satisfactory
 - d. Fair
 - e. Poor

10. How do you rate the overall clinical performance of the Family Nurse Practitioner?

- 2 a. Excellent
- 2 b. Good
- 1 c. Satisfactory
- d. Fair
- e. Poor

11. How do you rate the overall clinical judgment of the Family Nurse Practitioner?

- 2 a. Excellent
- 2 b. Good
- 1 c. Satisfactory
- d. Fair
- e. Poor

12. How do you rate the overall physical assessment skills of the Family Nurse Practitioner?

- 2 a. Excellent
- 2 b. Good
- 1 c. Satisfactory
- d. Fair
- e. Poor

PART II
ATTITUDE SCALE

Please answer the following items by circling one numerical choice. The digit "1" equals "AGREE/APPROPRIATE" and the digit "7" equals "DISAGREE/INAPPROPRIATE."

1. The Family Nurse Practitioner combines his/her skills as a well-prepared nurse with additionally acquired medical skills to provide better care for patients and their families.

AGREE 1 2 3 4 5 6 7 DISAGREE
 1 2 2

2. The Standards of Nursing Practice for the Army Nurse Corps are not appropriate for Family Nurse Practitioners.

AGREE 1 2 3 4 5 6 7 DISAGREE
 1 1 1

3. There is an improvement in outcomes of patient care when a Family Nurse Practitioner provides health care as compared to other nonphysician health care providers.

AGREE 1 2 3 4 5 6 7 DISAGREE
 2 1 2

4. There is a difference in the care provided by FNPs and PAs.

AGREE 1 2 3 4 5 6 7 DISAGREE
 2 2 1

NOTE: Questions 5 through 10 - Interest here is in the role/function rather than the specific individual in the position. First indicate the title/job position (NO NAME), then circle the number that best reflects your attitude concerning the appropriateness of that role/function.

5. Indicate the FNP's immediate supervisor's title/position: All MD within setting

APPROPRIATE 1 2 3 4 5 6 7 INAPPROPRIATE
 5

6. Indicate the FNP's rater's title/position: 4 MD within setting, 1 No Response

APPROPRIATE 1 2 3 4 5 6 7 INAPPROPRIATE
 4

7. Indicate the FNP's senior rater's title/position: 1 MD within setting, 4 Nursing Supervisor

APPROPRIATE 1 2 3 4 5 6 7 INAPPROPRIATE
 2 1 1 No Response

8. Indicate the title/position of the person who determines his/her duty hours: 4 within clinic, 1 Nursing Supervisor

APPROPRIATE 1 2 3 4 5 6 7 INAPPROPRIATE
 3 1 1

9. Indicate the title/position of the person who reviews the FNP's patient records: 5 MD within setting

APPROPRIATE 1 2 3 4 5 6 7 INAPPROPRIATE
 4 1

10. Indicate the title/position of the person who determines FNP functions in your clinic: 1 Physician in setting, 1 FNP, 3 FNP and MD in setting

APPROPRIATE 1 2 3 4 5 6 7 INAPPROPRIATE
 3 1

1 No Response

PART III

COLUMN I. Contains a list of activities, abilities, skills or knowledges which a Family Nurse Practitioner might need. Your response in Column II and III are to be made in relation to the activities in Column I.

COLUMN II. How competent do you perceive the Family Nurse Practitioner who practices with you to perform the activities listed in Column I? Please check the appropriate response according to the following code:

1. Very Competent
2. Moderately Competent
3. Not competent

COLUMN III. Which of the activities listed do you think appropriate for the Family Nurse Practitioner to perform?

1. Can or should be Performed for the FNP to perform independently.
2. Can or should be Performed Only With Physician Supervision
3. Should Not Be Performed

I. LIST OF ACTIVITIES	Your FNP's II. Competence			III. Performance		
	Very Competent	Moderately Competent	Not Competent	Perform Independently	Perform Only With Physician Supervision	Should Not Be Performed
1. Obtain a complete health history	4	1		5		
2. Perform a complete physical exam	2	3		4	1	
3. Provide post-hospital surgical care i.e., dressings, suture removal	2	3		4	1	
4. Teach patient/family to perform nursing care procedures	4	1		5		
5. Teach patient/family care of chronic disease/disability	4	1		5		
6. Teach patient/family general health promotion practices.	5			5		
7. Teach patient/family well baby care	5			5		

	Very Competent	Moderately Competent	Not Competent	Perform Independently	Perform Only With Physician Supervision	Should Not Be Performed
1. LIST OF ACTIVITIES	1	2	3	1	2	3
8. Counsel patient/family dynamics of sexual education	2	3		2	2	
9. Consult with allied health care re: patient/family	4	1		4		
10. Make referrals to allied health care providers for needed care	4	1		4		
11. Take referrals from allied health care providers for care	3	2		3	2	
12. Provide immunizations (routine & prn)	5			4		
13. Interpret x-rays		4	1		5	
14. Order diagnostic studies	2	3		2	3	
15. Perform 12 lead EKGs	4	1		4	1	
16. Interpret 12 lead EKGs		3	2		5	
17. Interpret CBCs	2	3		4	1	
18. Interpret clotting studies	2	3		3	2	
19. Interpret cervical smears (incl PAP)	1	2	2	1	3	1
20. Interpret urethral smears (incl VD)	2	3		2	3	
21. Interpret pulmonary function tests	1	2	2	1	3	1
22. Interpret pregnancy tests	5			4	1	
23. Interpret culture results	3	2		3	2	
	41					

II. Competence

III. Management

I. LIST OF ACTIVITIES	II. Competence						III. Management		
	Very Competent	Moderately Competent	Not Competent	Perform Independently	Perform with Physician Supervision	Should Not Be Performed			
	1	2	3	1	2	3			
24. Interpret urine studies	2	3		2	3				
25. Perform venapunctures	5			5					
26. Collect specimens for other care providers to analyze	5			5					
27. Explain to patients/families results of diagnostic studies performed by self	4	1		5					
28. Explain to patient/family results of diagnostic tests performed by other health care providers	2	3		3	2				

PART III

This section refers to the assessment and management of specific diseases/conditions. Please answer according to the following definitions:

Assess = the competency, ability, knowledge or skill to recognize, diagnose or evaluate the problem or condition named.

Manage = the competency, ability, knowledge or skill to manage the routine care of the usual patient/client with the problem/condition named whether it was initially evaluated or diagnosed by the practitioner or another health care provider.

THE COLUMN CODING REMAINS THE SAME

1. Assess angina	3	1	1	3	1	1
Manage angina	1	2	2		4	1
2. Assess cardiac arrhythmia	2	2	1	2	2	1
Manage cardiac arrhythmia	1	1	3		2	3
3. Assess congestive failure	2	2	1	2	2	1
Manage congestive failure	1	2	2		3	2
	42					

I. LIST OF ACTIVITIES	<div>Very Competent</div> <div>Moderately Competent</div> <div>Not Competent</div> <div>Perform Independently</div> <div>Perform Only With Physician Supervision</div> <div>Should Not Be Performed</div>					
	1	2	3	4	5	6
4. Assess coronary artery disease	2	1	2	2	2	1
Manage coronary artery disease	1	2	2	1	2	2
5. Assess hypertension	3	2		4	1	
Manage hypertension	3	2		3	2	
6. Assess COPD	2	2	1	3	1	1
Manage COPD	2	3		1	4	
7. Assess URIs	4	1		5		
Manage URIs	4	1		5		
8. Other areas of cardio/respiratory disease						
Assess						
Manage						
GASTROENTEROLOGY						
9. Assess gastroenteritis	3	2		4	1	
Manage gastroenteritis	2	3		3	2	
10. Assess colitis	1	4		1	4	
Manage colitis		5			5	
11. Assess gall bladder disease	2	3		1	4	
Manage gall bladder disease	1	4		1	4	
12. Assess GI ulcers	1	3	1	2	2	1
Manage GI ulcers	1	4		2	3	
13. Assess liver disease	1	4		1	4	
Manage liver disease	1	4		1	4	
14. Assess constipation	3	2		4	1	
Manage constipation	3	2		4	1	
15. Assess hemorrhoids	3	2		4	1	
Manage hemorrhoids	3	2		4	1	
	43					

Competence

		Very Competent	Moderately Competent	Not Competent	Perform Independently	Perform Only With Physician Supervision	Should Not Be Performed
I. LIST OF ACTIVITIES		1	2	3	1	2	3
<u>ENDOCRINE DISORDERS</u>							
16.	Assess diabetes mellitus	2	3		3	2	
	Manage diabetes mellitus	2	3		1	4	
17.	Assess thyroid disorders	1	3	1	1	3	1
	Manage thyroid disorders		4	1		4	1
18.	Assess steroid therapy		4	1		4	1
	Manage steroid therapy		4	1		3	2
19.	Assess hormone replacement therapy		3	2		4	1
	Manage hormone replacement therapy	1	3	1	1	2	2
<u>NEURO, MUSCULAR, AND SKELETAL DISORDERS</u>							
20.	Assess CNS infections		3	2	2	3	
	Manage CNS infections		3	2	1	1	3
21.	Assess seizure disorders		5			5	
	Manage seizure disorders	1	2	2		3	2
22.	Assess headaches	3	2		4	1	
	Manage headaches	2	3		2	3	
23.	Assess multiple sclerosis		5			1	4
	Manage multiple sclerosis		5			1	4
24.	Assess diabetic neuropathies	1	2	2		5	
	Manage diabetic neuropathies		2	3		4	1
25.	Assess Parkinson's	1	2	2	1	2	2
	Manage Parkinson's		3	2		4	1
26.	Assess CVA/stroke	3	1	1	1	3	1
	Manage CVA/stroke		5			3	2
27.	Assess arthritis/rheumatism	1	4		1	4	
	Manage arthritis/rheumatism	1	4		1	4	
44							

			Very Competent	Moderately Competent	Not Competent	Perform Independently	Perform Only With Physician Supervision	Should Not Be Performed
I. LIST OF ACTIVITIES			1	2	3	1	2	3
28.	Assess strains, sprains, tears, contusions of muscle, ligaments, tendons		2	3		4	1	
	Manage strains, sprains, tears, contusions of muscle, ligaments, tendons		2	3		3	2	
<u>UROLOGY DISORDERS</u>								
29.	Assess GU infections, acute/chronic		4	1		5		
	Manage GU infections, acute/chronic		2	3		3	2	
30.	Assess renal pathology			2	3	1	4	
	Manage renal pathology			3	2		5	
31.	Assess renal calculi		2	1	2	2	3	
	Manage renal calculi			2	3		4	1
32.	Assess prostatic changes		1	2	2	3	2	
	Manage prostatic changes		1	1	3	1	3	1
33.	Assess VD		2	3		4	1	
	Manage VD		2	3		4	1	
34.	Other areas of urology disorders							
	Assess							
	Manage							
<u>ALLERGY AND DERMATOLOGICAL PROBLEMS</u>								
35.	Assess acne		5			5		
	Manage acne		4	1		4	1	
36.	Assess asthma		3	2		4	1	
	Manage asthma		2	3		3	2	
37.	Assess hay fever and allergic rhinitis/sinusitis		3	2		5		
	Manage hay fever and allergic rhinitis/sinusitis		2	3		4	1	
			45					

II. Competence

III. Performance

I. LIST OF ACTIVITIES	II. Competence						III. Performance		
	Very Competent	Moderately Competent	Not Competent	Perform Independently	Perform Only with Physician Supervision	Should Not Be Performed			
1. LIST OF ACTIVITIES	1	2	3	1	2	3			
38. Assess bacterial/fungus skin infections	2	3		4	1				
Manage bacterial/fungus skin infections	1	4		3	2				
39. Assess allergic dermatitis	2	3		4	1				
Manage allergic dermatitis	2	3		3	2				
40. Assess skin lesions - primary/secondary; benign/malignant		4	1	1	4				
Manage skin lesions - primary/secondary; benign/malignant		4	1		4	1			
41. Other areas of allergy and dermatological problems									
Assess									
Manage									
EYE, EAR, NOSE AND THROAT PROBLEMS									
42. Assess cataracts	1	2	2	1	3	1			
Manage cataracts		3	2	2	2	1			
43. Assess corneal abrasions/ulcers	1	3	1	2	2	1			
Manage corneal abrasions/ulcers		4	1	1	3	1			
44. Assess glaucoma	2	1	2	2	3				
Manage glaucoma		2	3		4	1			
45. Assess conjunctivitis	2	3		4	1				
Manage conjunctivitis	1	4		3	2				
46. Assess visual disorders, strabismus/muscle weakness, etc	1	3	1	2	3				
Manage visual disorders, strabismus/muscle weakness, etc		2	3	4	1				
Assess otitis media without mastoiditis	4	1		5					
Manage otitis media without mastoiditis	4	1		5					
46									

I. LIST OF ACTIVITIES	III. COMPETENCE						III. PERFORMANCE		
	Very Competent	Moderately Competent	Not Competent	Perform Independently	Perform Only With Physician Supervision	Should Not Be Per. Per.	1	2	3
1. LIST OF ACTIVITIES	1	2	3	1	2	3			
48. Assess foreign bodies in the eye	3	2		3	2				
Manage foreign bodies in the eye		5			4	1			
49. Assess foreign bodies in the ear (Incl excess cerumen)	4	1		4	1				
Manage foreign bodies in the ear (Incl excess cerumen)	3	2		3	2				
50. Assess lesions of the oral cavity	2	3		2	3				
Manage lesions of the oral cavity	1	4		1	4				
51. Assess tonsil/throat infections	4	1		4	1				
Manage tonsil/throat infections	4	1		4	1				
52. Assess foreign bodies in the nose	3	2		3	2				
Manage foreign bodies in the nose	2	2	1	2	2	1			
53. Assess foreign bodies in the throat	1	4		1	4				
Manage foreign bodies in the throat		5			5				
54. Other areas of eye, ear, nose and throat problems									
Assess									
Manage									
OBSTETRICAL - GYNECOLOGICAL PROBLEMS									
55. Assess prenatal care incl pelvimetry	2	2	1	3	2				
Manage prenatal care incl pelvimetry	2	2	1	2	3				
56. Assess postnatal care	3	2		3	2				
Manage postnatal care	3	2		2	3				
57. Assess family planning guidance, etc, incl fitting devices	4	1		4	1				
Manage family planning guidance, etc, incl fitting devices	3	2		4	1				
	47								

II. Your FNP's
Competence

III. Performance

I. LIST OF ACTIVITIES	<div>Very Competent</div> <div>Moderately Competent</div> <div>Not Competent</div> <div>Perform Independently</div> <div>Perform Only With Physician Supervision</div> <div>Should Not Be Performed</div>					
	1	2	3	1	2	3
58. Assess abortions, spontaneous Manage abortions, spontaneous	2	3		2	3	
		2	3		2	3
59. Assess abortions, therapeutic Manage abortions, therapeutic	1	2	2	1	2	2
		2	3		2	3
60. Assess menstrual problems Manage menstrual problems	2	3		3	2	
	1	4		2	3	
61. Assess menopausal problems Manage menopausal problems	3	2		3	2	
	1	4		2	3	
62. Other OB-GYN Problems						
<u>MENTAL HEALTH PROBLEMS</u>						
63. Assess alcoholism Manage alcoholism	3	2		3	2	
	1	3	1	1	3	1
64. Assess drug abuse/dependence Manage drug abuse/dependence	3	2		3	2	
		4	1		4	1
65. Assess anxiety reactions Manage anxiety reactions	3	2		4	1	
	2	3		3	2	
66. Assess depression Manage depression	2	3		3	2	
	3	2		4	1	
67. Assess hysteria Manage hysteria	2	3		2	3	
	2	3		2	3	
68. Assess hyperactivity Manage hyperactivity	2	3		2	3	
	2	3		2	3	
69. Assess mental retardation Manage mental retardation	2	3		2	3	
		5		1	4	
	46					

		Very Competent	Moderately Competent	Not Competent	Perform Independently	Perform Only With Physician Supervision	Should Not Be Performed
I. LIST OF ACTIVITIES		1	2	3	1	2	3
70.	Assess withdrawal Manage withdrawal	1	4		2	3	
		1	3	1	1	3	1
71.	Assess psychosomatic psychophysiologic complaints	3	2		2	3	
	Assess psychosomatic psychophysiologic complaints	2	3		2	3	
72.	Others areas of Mental Health Problems						
	Assess						
	Manage						
CANCER PROBLEMS							
73.	Assess neoplasms, benign/malignant		5			5	
	Manage neoplasms, benign/malignant		3	2		3	2
74.	Assess pre and postoperative cancer care		4			4	
	Manage pre and postoperative cancer care	1	2	1	1	2	1
75.	Assess pre and postchemotherapy care	1	2	2	1	2	2
	Manage pre and postchemotherapy care	1	2	2	1	2	2
76.	Assess pre and postradiation care	1	3	1	1	3	1
	Manage pre and postradiation care	2	2	1	2	2	1
EMERGENCIES							
77.	Assess acute abdomen	2	3		2	3	
	Manage acute abdomen	1	2	2	1	2	2
78.	Assess animal bites and stings	3	2		3	2	
	Manage animal bites and stings	3	2		3	2	
79.	Assess burns	3	2		3	2	
	Manage burns	3	2		3	2	
80.	Assess cardiac emergencies	1	3	1	1	3	1
	Manage cardiac emergencies		3	2	1	2	2
49							

Competence

I. LIST OF ACTIVITIES	Competence					
	Very Competent	Moderately Competent	Not Competent	Perform Independently	Perform Only With Physician Supervision	Should Not Be Performed
	1	2	3	1	2	3
81. Assess respiratory emergencies	3	2		2	3	
Manage respiratory emergencies		5			5	
82. Assess poisonings	2	2	1	2	3	
Manage poisonings	1	3	1	1	4	
83. Assess neglected/battered person - child or adult	4	1		4	1	
Manage neglected/battered person - child or adult	1	3		1	3	
84. Other emergencies						
Assess						
Manage						
85. Assess blood disorders, nonmalignant	3	2		2	3	
Manage blood disorders, nonmalignant	1	3		1	4	
86. Assess infectious diseases	2	3		2	3	
Manage infectious diseases	2	3		2	3	
87. Assess frostbite/heat injury	1	4		1	4	
Manage frostbite/heat injury		5			5	
88. Assess exogenous obesity	4	1		5		
Manage exogenous obesity	4	1		5		
89. Assess nutritional deficiencies	2	3		4	1	
Manage nutritional deficiencies	3	2		4	1	
90. Assess parasitic disease	2	3		2	3	
Manage parasitic disease	1	4		1	4	
91. Assess varicose veins	4	1		4	1	
Manage varicose veins	4	1		4	1	
92. Assess thrombophlebitis	4	1		3	2	
Manage thrombophlebitis	2	3		2	3	
93. Other in any omitted categories						
Assess	4	1		3	2	
Manage	2	3		2	3	

PATIENT SURVEY

The Army Medical Department, in its continuing effort to provide the best care possible for you and your family, is asking for your feelings about the care you receive from the Family Nurse Practitioner. Please take a few minutes to answer these questions to help us.

1. What is your status? ☐ a. Active Duty ☐ b. Dependent of Active Duty
☐ c. Retired ☐ d. Dependent of Retired ☐ 1
2. How long have you (or your spouse) been receiving medical care in military hospitals? ☐ Years ☐ Months ☐ ☐ 2,3
3. What is the active member's rank? ☐ (If both active, list both) ☐ ☐ 4,5
4. How long have you and your family been coming to the Family Practice Clinic? ☐ Years ☐ Months ☐ ☐ 6,7
5. If you could choose, would you come to the Family Practice Clinic for Care?
☐ a. Yes ☐ b. No COMMENTS: ☐ 8,9
6. Why did you come to the clinic today? ☐ 10
7. Did you know you were going to see the Nurse Practitioner today?
☐ a. Yes ☐ b. No ☐ 11
8. When did you first see the Nurse Practitioner? ☐ Months ago ☐ ☐ 12
9. About how often have you been seen by your Nurse Practitioner?
☐ a. More often than once a week ☐ c. Once every ☐ weeks ☐ 13,14
☐ b. Once a week ☐ d. This is first visit
10. Is the Nurse Practitioner the person you usually see when you come to the clinic?
☐ a. Yes ☐ b. No ☐ 15
11. (a) Does this nurse Practitioner provide care for other members of your family?
☐ a. Yes ☐ b. No ☐ 16
- (b) If yes, which ones? (check all that apply)
☐ a. Spouse ☐ b. A child ☐ c. Some children ☐ d. Whole family ☐ 17
- ☐ 18

DO NOT USE

12. When did you last see the doctor?

___ a. This visit ___ b. Last visit ___ c. ___ Visits ago

☐ 11

13. On the average, how often have you seen the doctor?

___ a. Every visit ___ b. Every ___ visits

☐ 20

14. In your situation would you be willing to see either a doctor or the nurse practitioner?

___ a. Yes ___ b. No preference ___ c. Uncertain ___ d. No

☐ 21

15. Do you think you should see the doctor every visit if only for a few minutes?

___ a. Yes ___ b. Not necessarily

☐ 22

16. Do you feel you understand your condition and treatment better since you started seeing your Nurse Practitioner?

___ a. Yes ___ b. About the same as before ___ c. No

☐ 23

17. How do you rate the care the Nurse Practitioner gives you?

___ a. Excellent ___ b. Good ___ c. Fair ___ d. Poor

☐ 24

18. Overall, are you satisfied with the care you receive?

___ a. Yes ___ b. No

☐ 25

19. Would you recommend your Nurse Practitioner to a friend or relative?

___ a. Yes ___ b. Uncertain ___ c. No

☐ 26

20. What is the best thing about seeing a Nurse Practitioner?

☐ ☐ 27,2

21. What is the worst thing about seeing a Nurse Practitioner?

☐ ☐ 29,3

THANK YOU! WE APPRECIATE YOUR HELP

☐ 80

Patient Survey Results

1. Status: 16.6% Active Duty 54.0% Dependent of Active Duty
 11.7% Retired 17.8% Dependent of Retired
2. Length of time in military care system:
 0 - 39 years (Mean 11.9 years)
3. Active members rank:
 Enlisted 56.5
 Warrant Officer 4.3
 Officer 17.1
 No Response 21.5
4. Length of time in Family Practice setting:
 0 - 20 years (Mean 3.0 years)

 (This is data as reported--however, credibility must be questioned as
 Family Practice in the AMEDD is years old. of sample fell in this
 area with mean of .)
5. If had the choice, would use Family Practice Clinic:
 93% yes, 5.5% no, 1.2% did not respond
6. Reason for surveyed visit to clinic:
 Acute Problem 25.2
 Chronic Problem/Care 14.1
 Child Care 21.5
 OB/Gyn 13.5
 Physical Exam/Pap Smear 15.3
 Followup Care 4.9
 Prescription Refill 1.8
 No Response 3.7

7. Prior knowledge that would be seeing FNP:

74.8% yes, 23.9% no, 1.2% no response

8. First visit to FNP:

0 - 84 months ago (12.4 month mean)

9. Frequency of visits:

First visit	27.6	Every 4 weeks	8.0
Once a week	2.5	Every 4 to 8 weeks	16
Every 2 weeks	13.5	Every 9 to 12 weeks	15.3
Every 3 weeks	8.0	Less than every 12 weeks	8

10. Family Nurse Practitioner usual care provider:

65% yes, 31.3% no, 3.7% no response

11. Family Nurse Practitioner as care provider for other family members:

58.3% yes, 38.7% no, 3.1% no response

Breakdown:

14.1% spouse
17.8% child/children
26.4% entire family
41.7% no response

12. Last saw Physician:

11.7% this visit
34.4% last visit
14.7% 2-4 visits ago
6.7% 5-8 visits ago
18.4% more than 8 visits ago

13. Usual pattern of Physician visits:

25.8% each visit
16.6% every 2-3 visits
19.0% every 4-6 visits

1.8% less frequently than every 6 visits

9.8% never (by choice)

27.0% no response

14. Willingness to see either MD or FNP:

63.2% yes

19.0% no preference

8.6% uncertain

6.1% no

15. Necessity of seeing the MD each visit "if only for a few minutes":

4.9% yes

92.6% no

2.4% no response

16. Understanding of condition and treatment now vis a vis before FNP:

Better 60.1%

About the same 29.4%

Less well 3.1%

No response 7.3%

17. Rating FNP care:

Excellent 76.7%

Good 18.4%

Fair 1.2%

Poor 1.2%

No Response 2.5%

18. Satisfaction with overall care:

92.6% yes, 3.7% no, 3.7% no response

19. Willingness to recommend this FNP to friend or relative:

90.8% yes, 2.5% no, 4.3% uncertain, 2.5% no response

Best Thing About Seeing a Nurse Practitioner--List with Frequencies

No Response	26
1. Excellent Care	1
2. Individualized, Personalized Care	21 (38)
3. Teaching--Explains Better	2 (10)
4. More at Ease with Female	12 (20)
5. Handles Child Very Well	1 (3)
6. Qualifications	1
7. Easy Access/Less Waiting Time	24
8. Knows and Understands Problems	8 (26)
9. Answers 2 and 3	4
10. Answers 4, 8, and 17	7
11. Answers 2 and 4	4
12. Answers 4 and 5	1
13. More at Ease with FNP	3 (4)
14. Complete Trust	2
15. Takes Time to Listen and Discuss	11 (23)
16. Answers 2 and 15	3
17. More Caring	5 (27)
18. Answers 8 and 17	7
19. Answers 2, 3, and 17	4
20. Answers 2 and 8	2
21. Answers 3, 15, and 17	11
22. Answers 3 and 13	1
23. Answers 8 and 15	1

Worst Thing About Seeing a Nurse Practitioner--List with Frequencies

00	No Response	51
1.	Nothing (Specific Comment Made)	74
2.	Not a Certified Physician	6
3.	Lacks Some Necessary Skill	14
4.	Waiting for Physician's Consultation	4
5.	Not Enough Family Nurse Practitioners	8
6.	Consultation with Physician Not as Personal	1
7.	Does Not Take Time With Me	2
8.	No Provision Made for Regular MD Care	2
9.	Dispenses Advice	1

INFORMATION TO PARTICIPANTS

The intent of this survey is to Evaluate the present and practice of the Family Nurse Practitioner in the Army Medical Department. Exclusively all information will be used to provide the policy data needed for decisions regarding the role/place of the Family Nurse Practitioner in the AMEDD.

For the purpose of this study the following definitions are used:

Family Nurse Practitioner - A health practitioner who is a registered nurse especially prepared for an expanded practice role in primary care which requires advanced skills. These skills are acquired through a special program of study and prepares the nurse to make initial and/or continuing assessment, independently or in collaboration with others, of the health status of persons of all ages. These nurses are prepared to take health histories, perform physical examinations, diagnose, treat, and manage common health problems, recognize health needs and problems and depending on the need or problem, provide care alone or jointly with other health care providers or initiate referrals for care beyond their scope of practice.

Primary Care - That care which constitutes the majority of health care for most people most of the time. Primary Care is thus majority care. It describes a range of services adequate for meeting most of daily personal health needs and includes the need for preventive health maintenance and for evaluation and management on a continuing basis of general discomfort, early complaints, symptoms, problems and chronic diseases for maintenance of optimal function. In an organizational sense, primary care describes care at the entry point into a comprehensive health care system. Once entry is made and initial care given primary care's responsibility is for assuring continuity of all care that patient may subsequently need.

When you have completed this survey please follow the instructions for folding and stapling (as indicated on the reverse of the last page) before returning the survey through the mail. OR: If the project officer is at your installation please return to her as directed.

DATA REQUIRED BY THE PRIVACY ACT

TITLE OF FORM: Survey of Family Practice Participants regarding evaluation of the position and Practice of Family Nurse Practitioners.

PRESCRIBING DIRECTIVES: AR 600-46

AUTHORITY: Section 3012, Title 10, USC

PRINCIPAL AND ROUTINE USES: The data will be used to support the research, evaluation, training requirements, or other mission requirements of US Army Medical Departments. The confidentiality of this information will be respected. No information which might allow identifying any single individual or small group of individuals will be given. The data may be retained on computer cards, computer files, or individual survey forms to be processed for statistical analysis.

CONSENT IS VOLUNTARY. YOU DO NOT HAVE TO FILL OUT THE SURVEY. THERE IS NO FINE OR PUNISHMENT UPON THE INDIVIDUAL FOR FAILURE TO DISCLOSE INFORMATION.

FAMILY PRACTICE PHYSICIAN SURVEY

PART I

DIRECTIONS: Please indicate your answers clearly by circling the letter preceding the answer; by filling in the blank or placing an X in the appropriate space. Your help is greatly appreciated.

1. Were you familiar with the concept of the Family Nurse Practitioner (FNP) before you received this questionnaire?

- 91.9 a. Yes, my concept was about the same as the inclosed definition. ☐ 1
 4.5 b. Yes, but concept was significantly different than inclosed definition.
 3.6 c. No.

2. Does your clinic presently utilize FNPs?

- a. Yes ☐ 2
 100% b. No

3. Which response most nearly describes your attitude toward the employment of FNPs in your setting?

- 81.1 a. If the decision were mine, would employ. ☐ 3
 10.8 b. If the decision were mine, would not employ.
 6.3 c. Indifferent

4. What is your primary medical specialty? 75.7 Family Practice ☐ 4
 1 each Pediatrics, Prev Med, Em Med, 19.8% no response

5. How many years have passed since you completed your training in your primary medical specialty? 1 - 21 years Mean 3.6 years, Mode 1 ☐ 5,6

6. How old are you? 23-53 years Mean 31.9 years ☐ 7,8

7. How many years have you been on active duty? 1 - 25 years Mean 4.8 yrs ☐ 9,1

8. Are you making the Army a career?

- 21.6 a. Yes
 30.6 b. No ☐ 11
 47.7 c. Unsure

N = 111 Responses recorded as percent of total unless otherwise indicated.

PART II
ATTITUDE SCALE

Please answer the following items by circling one numerical choice. The digit "1" equals "AGREE/APPROPRIATE" and the digit "7" equals "DISAGREE/INAPPROPRIATE."

1. The Family Nurse Practitioner combines his/her skills as a well-prepared nurse with additionally acquired medical skills to provide better care for patients and their families.

AGREE	1	2	3	4	5	6	7	DISAGREE	<input type="checkbox"/> 12
	46.8	27.9	12.6	7.2			1.8		

2. The Standards of Nursing Practice for the Army Nurse Corps are not appropriate for Family Nurse Practitioners.

AGREE	1	2	3	4	5	6	7	DISAGREE	<input type="checkbox"/> 13
	12.6	5.4	7.2	16.2	4.5	19.8	22.5		No Response 11.7

3. There is an improvement in outcomes of patient care when a Family Nurse Practitioner provides health care as compared to other nonphysician health care providers.

AGREE	1	2	3	4	5	6	7	DISAGREE	<input type="checkbox"/> 14
	19.8	19.8	16.2	26.1	5.4	3.6	5.4		No Response 3.6

4. There is a difference in the care provided by FNP's and PAs.

AGREE	1	2	3	4	5	6	7	DISAGREE	<input type="checkbox"/> 15
	18.0	21.6	22.5	17.1	1.8	7.2	9.0		No Response 2.7

Results are reported as percent of total.

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COLUMN I. Contains a list of activities, abilities, skills or knowledge which a Family Nurse Practitioner might need. Your response in Column II is made in relation to the activities in Column I.

COLUMN II. Which of the activities listed do you think appropriate for the Family Nurse Practitioner to perform?

1. Can or should be Performed Independently
2. Can or should be Performed Only With Physician Supervision
3. Should Not Be Performed

II. Performance

N = 111

Results are shown as percent of total

I. LIST OF ACTIVITIES	II. Performance			
	Perform Independently	Perform Only With Physician Supervision	Should Not Be Performed	
1. Obtain a complete health history	88.3	9.9	1.8	<input type="checkbox"/> 16
2. Perform a complete physical exam	69.4	27	3.6	<input type="checkbox"/> 17
3. Provide post-hospital surgical care i.e., dressings, suture removal	71.2	27.9	.9	<input type="checkbox"/> 18
4. Teach patient/family to perform nursing care procedures	99.9	.9	0	<input type="checkbox"/> 19
5. Teach patient/family care of chronic disease/disability	84.7	15.3	0	<input type="checkbox"/> 20
6. Teach patient/family general health promotion practices.	96.4	3.6	0	<input type="checkbox"/> 21
7. Teach patient/family well baby care	92.5	7.2	0	<input type="checkbox"/> 22

I. LIST OF ACTIVITIES	<div>Perform Independently</div> <div>Perform Only With Physician Supervision</div> <div>Should Not Be Performed</div>			
	1	2	3	
8. Counsel patient/family dynamics of sexual education	80.2	18	1.8	<input type="checkbox"/> 23
9. Consult with allied health care re: patient/family	63.1	35.1	1.8	<input type="checkbox"/> 24
10. Make referrals to allied health care providers for needed care	32.4	61.3	6.3	<input type="checkbox"/> 25
11. Take referrals from allied health care providers for care	45.9	40.5	11.7	<input type="checkbox"/> 26
12. Provide immunizations (routine & prn)	91	8.1	.9	<input type="checkbox"/> 27
13. Interpret x-rays	1.8	62.2	36	<input type="checkbox"/> 28
14. Order diagnostic studies	31.5	58.6	9.9	<input type="checkbox"/> 29
15. Perform 12 lead EKGs	93.7	6.3	0	<input type="checkbox"/> 30
16. Interpret 12 lead EKGs	.9	73	26	<input type="checkbox"/> 31
17. Interpret CBCs	39.6	50.5	9.9	<input type="checkbox"/> 32
18. Interpret clotting studies	30.6	58.6	10.8	<input type="checkbox"/> 33
19. Interpret cervical smears (incl PAP)	26.1	42.3	30.6	<input type="checkbox"/> 34
20. Interpret urethral smears (incl VD)	31.5	56.8	11.7	<input type="checkbox"/> 35
21. Interpret pulmonary function tests	11.7	64.0	24.3	<input type="checkbox"/> 36
22. Interpret pregnancy tests	65.8	31.5	2.7	<input type="checkbox"/> 37
23. Interpret culture results	50.5	39.6	9.9	<input type="checkbox"/> 38
62				

I. LIST OF ACTIVITIES	<div>Perform Independently</div> <div>Perform Only With Physician Supervision</div> <div>Should Not Be Performed</div>			
	1	2	3	
24. Interpret urine studies	50.5	40.5	8.1	<input type="checkbox"/> 39
25. Perform venapunctures	93.7	5.4		<input type="checkbox"/> 40
25. Collect specimens for other care providers to analyze	90.1	8.1	.9	<input type="checkbox"/> 41
27. Explain to patients/families results of diagnostic studies performed by self	68.5	27.0	3.6	<input type="checkbox"/> 42
28. Explain to patient/family results of diagnostic tests performed by other health care providers	43.2	46.8	9.0	<input type="checkbox"/> 43

PART IV

This section refers to the assessment and management of specific diseases/conditions. Please answer according to the following definitions:

Assess = the competency, ability, knowledge or skill to recognize, diagnose or evaluate the problem or condition named.

Manage = the competency, ability, knowledge or skill to manage the routine care of the usual patient/client with the problem/condition named whether it was initially evaluated or diagnosed by the practitioner or another health care provider

THE COLUMN CODING REMAINS THE SAME

1. Assess angina	31.5	55	13.5	<input type="checkbox"/> 44
Manage angina	4.5	65.8	29.7	<input type="checkbox"/> 45
2. Assess cardiac arrhythmia	9.8	65.8	14.4	<input type="checkbox"/> 46
Manage cardiac arrhythmia	1.8	54.1	44.1	<input type="checkbox"/> 47
3. Assess congestive failure	25.2	50.4	14.4	<input type="checkbox"/> 48
Manage congestive failure	6.3	48.6	45	<input type="checkbox"/> 49

II. Performance

				<div>Perform Independently</div> <div>Perform Only With Physician Supervision</div> <div>Should Not Be Performed</div>		
1. LIST OF ACTIVITIES				1	2	3
4.	Assess coronary artery disease	28.8	55	16.2	<input type="checkbox"/>	50
	Manage coronary artery disease	5.4	58.6	36	<input type="checkbox"/>	51
5.	Assess hypertension	57.7	38.7	3.6	<input type="checkbox"/>	52
	Manage hypertension	35.1	55.9	8.1	<input type="checkbox"/>	53
6.	Assess COPD	40.5	49.5	9.9	<input type="checkbox"/>	54
	Manage COPD	18.9	64	17.1	<input type="checkbox"/>	55
7.	Assess URIs	80.2	17.1	2.7	<input type="checkbox"/>	56
	Manage URIs	73.0	23.4	2.7	<input type="checkbox"/>	57
8.	Other areas of cardio/respiratory disease				<input type="checkbox"/>	58
	Assess				<input type="checkbox"/>	59
	Manage					
<u>GASTROENTEROLOGY</u>						
9.	Assess gastroenteritis	76.6	19.8	3.6	<input type="checkbox"/>	60
	Manage gastroenteritis	57.6	29.7	2.7	<input type="checkbox"/>	61
10.	Assess colitis	34.2	55.9	9.0	<input type="checkbox"/>	62
	Manage colitis	19.8	59.5	19.8	<input type="checkbox"/>	63
11.	Assess gall bladder disease	36.9	50.5	11.7	<input type="checkbox"/>	64
	Manage gall bladder disease	12.6	58.6	27.9	<input type="checkbox"/>	65
12.	Assess GI ulcers	34.2	52.3	12.6	<input type="checkbox"/>	66
	Manage GI ulcers	12.6	60.4	26.1	<input type="checkbox"/>	67
13.	Assess liver disease	30.6	55.0	13.5	<input type="checkbox"/>	68
	Manage liver disease	6.3	64.9	27.9	<input type="checkbox"/>	69
14.	Assess constipation	73.9	22.5	2.7	<input type="checkbox"/>	70
	Manage constipation	65.8	30.6	2.7	<input type="checkbox"/>	71
15.	Assess hemorrhoids	71.2	23.4	4.5	<input type="checkbox"/>	72
	Manage hemorrhoids	58.6	35.1	5.4	<input type="checkbox"/>	73
64						

I. LIST OF ACTIVITIES		1	2	3		
			Perform Independently	Perform Only With Physician Supervision	Should Not Be Performed	
<u>ENDOCRINE DISORDERS</u>						
16.	Assess diabetes mellitus	44.1	49.5	6.3	<input type="checkbox"/>	74
	Manage diabetes mellitus	24.3	57.7	18.0	<input type="checkbox"/>	75
17.	Assess thyroid disorders	31.5	53.2	15.3	<input type="checkbox"/>	1 77, 78, 79
	Manage thyroid disorders	10.8	61.3	27	<input type="checkbox"/>	2 80
18.	Assess steroid therapy	24.3	51.4	24.3	<input type="checkbox"/>	3
	Manage steroid therapy	4.5	35.0	40.5	<input type="checkbox"/>	4
19.	Assess hormone replacement therapy	27.9	55.0	17.1	<input type="checkbox"/>	5
	Manage hormone replacement therapy	13.5	59.5	27	<input type="checkbox"/>	6
<u>NEURO, MUSCULAR, AND SKELETAL DISORDERS</u>						
20.	Assess CNS infections	13.5	50.5	36	<input type="checkbox"/>	7
	Manage CNS infections	.9	32.4	66.7	<input type="checkbox"/>	8
21.	Assess seizure disorders	18.0	49.5	32.4	<input type="checkbox"/>	9
	Manage seizure disorders	3.6	55.9	40.5	<input type="checkbox"/>	10
22.	Assess headaches	50.5	42.3	7.2	<input type="checkbox"/>	11
	Manage headaches	30.6	55.9	13.5	<input type="checkbox"/>	12
23.	Assess multiple sclerosis	21.6	46.8	31.5	<input type="checkbox"/>	13
	Manage multiple sclerosis	6.3	53.2	40.5	<input type="checkbox"/>	14
24.	Assess diabetic neuropathies	27.9	52.3	19.8	<input type="checkbox"/>	15
	Manage diabetic neuropathies	16.2	55.9	27.9	<input type="checkbox"/>	16
25.	Assess Parkinson's	22.5	55.0	22.5	<input type="checkbox"/>	17
	Manage Parkinson's	7.2	56.8	36.0	<input type="checkbox"/>	18
26.	Assess CVA/stroke	24.3	53.2	22.5	<input type="checkbox"/>	19
	Manage CVA/stroke	6.3	57.7	36	<input type="checkbox"/>	20
27.	Assess arthritis/rheumatism	40.5	47.7	11.7	<input type="checkbox"/>	21
	Manage arthritis/rheumatism	25.2	58.6	16.2	<input type="checkbox"/>	22

I. LIST OF ACTIVITIES				1	2	3	
					Perform Independently	Perform with Physician Supervision	Should be performed
28.	Assess strains, sprains, tears, contusions of muscle, ligaments, tendons	57.7	36.0	5.4	<input type="checkbox"/>	23	
	Manage strains, sprains, tears, contusions of muscle, ligaments, tendons	40.5	51.4	7.2	<input type="checkbox"/>	24	
<u>UROLOGY DISORDERS</u>							
29.	Assess GU infections, acute/chronic	61.3	31.5	5.4	<input type="checkbox"/>	25	
	Manage GU infections, acute/chronic	38.7	50.5	9.0	<input type="checkbox"/>	26	
30.	Assess renal pathology	22.5	49.5	27	<input type="checkbox"/>	27	
	Manage renal pathology	5.4	49.5	44.1	<input type="checkbox"/>	28	
31.	Assess renal calculi	34.2	46.8	18.0	<input type="checkbox"/>	29	
	Manage renal calculi	9.0	55.9	34.2	<input type="checkbox"/>	30	
32.	Assess prostatic changes	34.2	48.6	16.2	<input type="checkbox"/>	31	
	Manage prostatic changes	11.7	55.9	31.5	<input type="checkbox"/>	32	
33.	Assess VD	67.6	27	5.4	<input type="checkbox"/>	33	
	Manage VD	46.8	45.9	7.2	<input type="checkbox"/>	34	
34.	Other areas of urology disorders				<input type="checkbox"/>	35,36	
	Assess				<input type="checkbox"/>	37	
	Manage				<input type="checkbox"/>	38	
<u>ALLERGY AND DERMATOLOGICAL PROBLEMS</u>							
35.	Assess acne	75.7	20.7	3.6	<input type="checkbox"/>	39	
	Manage acne	64.0	29.7	6.3	<input type="checkbox"/>	40	
36.	Assess asthma	52.3	37.8	9.9	<input type="checkbox"/>	41	
	Manage asthma	14.4	64.9	20.7	<input type="checkbox"/>	42	
37.	Assess hay fever and allergic rhinitis/sinusitis	64.0	32.4	3.6	<input type="checkbox"/>	43	
	Manage hay fever and allergic rhinitis/sinusitis	53.2	43.2	3.6	<input type="checkbox"/>	44	
66							

				<div>Perform Independently</div> <div>Perform Only With Physician Supervision</div> <div>Should Not Be Performed</div>		
I. LIST OF ACTIVITIES				1	2	3
38.	Assess bacterial/fungus skin infections	66.7	29.7	3.6	<input type="checkbox"/>	45
	Manage bacterial/fungus skin infections	50.5	44.1	5.4	<input type="checkbox"/>	46
39.	Assess allergic dermatitis	64.0	29.7	6.3	<input type="checkbox"/>	47
	Manage allergic dermatitis	54.1	37.8	8.1	<input type="checkbox"/>	48
40.	Assess skin lesions - primary/secondary; benign/malignant	33.3	52.3	14.4	<input type="checkbox"/>	49
	Manage skin lesions - primary/secondary; benign/malignant	8.1	63.1	27.9	<input type="checkbox"/>	50
41.	Other areas of allergy and dermatological problems				<input type="checkbox"/>	51, 52
	Assess				<input type="checkbox"/>	53
	Manage				<input type="checkbox"/>	54
<u>EYE, EAR, NOSE AND THROAT PROBLEMS</u>						
42.	Assess cataracts	39.6	35.1	27	<input type="checkbox"/>	55
	Manage cataracts	6.3	36	55.9	<input type="checkbox"/>	56
43.	Assess corneal abrasions/ulcers	38.7	45.9	15.3	<input type="checkbox"/>	57
	Manage corneal abrasions/ulcers	9.0	67.6	23.4	<input type="checkbox"/>	58
44.	Assess glaucoma	36.9	45.0	18	<input type="checkbox"/>	59
	Manage glaucoma	3.6	47.7	48.6	<input type="checkbox"/>	60
45.	Assess conjunctivitis	60.4	32.4	7.2	<input type="checkbox"/>	61
	Manage conjunctivitis	49.5	44.1	6.3	<input type="checkbox"/>	62
46.	Assess visual disorders, strabismus/muscle weakness, etc	41.4	40.5	18	<input type="checkbox"/>	63
	Manage visual disorders, strabismus/muscle weakness, etc	6.3	48.6	45	<input type="checkbox"/>	64
47.	Assess otitis media without mastoiditis	71.2	23.4	5.4	<input type="checkbox"/>	65
	Manage otitis media without mastoiditis	55.9	36.9	7.2	<input type="checkbox"/>	66
67						

I. LIST OF ACTIVITIES						
				1	2	3
				Perform Independently		
				Perform Only With Physician Supervision		
				Should Not Be Performed		
48.	Assess foreign bodies in the eye	45.9	43.2	10.8	<input type="checkbox"/>	67
	Manage foreign bodies in the eye	17.1	53.2	29.7	<input type="checkbox"/>	68
49.	Assess foreign bodies in the ear (Incl excess cerumen)	64.9	29.7	5.4	<input type="checkbox"/>	69
	Manage foreign bodies in the ear (Incl excess cerumen)	42.3	45.0	12.6	<input type="checkbox"/>	70
50.	Assess lesions of the oral cavity	46.8	38.7	14.4	<input type="checkbox"/>	71
	Manage lesions of the oral cavity	13.5	58.6	27.9	<input type="checkbox"/>	72
51.	Assess tonsil/throat infections	76.5	18.9	4.5	<input type="checkbox"/>	73
	Manage tonsil/throat infections	63.1	31.5	5.4	<input type="checkbox"/>	74
52.	Assess foreign bodies in the nose	61.3	31.5	7.2	<input type="checkbox"/>	75
	Manage foreign bodies in the nose	32.4	47.7	18.9	<input type="checkbox"/>	76
53.	Assess foreign bodies in the throat	40.5	34.2	25.2	<input type="checkbox"/>	1 77, 78, 79
	Manage foreign bodies in the throat	10.8	46.8	42.3	<input type="checkbox"/>	2 79
54.	Other areas of eye, ear, nose and throat problems				<input type="checkbox"/>	3, 4
	Assess				<input type="checkbox"/>	5
	Manage				<input type="checkbox"/>	6
<u>OBSTETRICAL - GYNECOLOGICAL PROBLEMS</u>						
55.	Assess prenatal care incl pelvimetry	52.3	37.8	9.9	<input type="checkbox"/>	7
	Manage prenatal care incl pelvimetry	36.0	47.7	16.2	<input type="checkbox"/>	8
56.	Assess postnatal care	66.7	26.1	7.2	<input type="checkbox"/>	9
	Manage postnatal care	55.9	33.3	10.8	<input type="checkbox"/>	10
57.	Assess family planning guidance, etc, incl fitting devices	74.8	21.6	3.6	<input type="checkbox"/>	11
	Manage family planning guidance, etc, incl fitting devices	62.2	32.4	5.4	<input type="checkbox"/>	12

1. LIST OF ACTIVITIES						
		Perform Independently	Perform Only With Physician Supervision	Should Not Be Performed		
1	2	3				
58. Assess abortions, spontaneous	36.9	47.7	15.3	<input type="checkbox"/>	13	
Manage abortions, spontaneous	3.6	48.6	47.7	<input type="checkbox"/>	14	
59. Assess abortions, therapeutic	21.6	35.1	42.3	<input type="checkbox"/>	15	
Manage abortions, therapeutic	2.7	27.9	68.5	<input type="checkbox"/>	16	
60. Assess menstrual problems	53.2	37.8	9.0	<input type="checkbox"/>	17	
Manage menstrual problems	26.1	57.7	16.2	<input type="checkbox"/>	18	
61. Assess menopausal problems	52.3	37.8	9.0	<input type="checkbox"/>	19	
Manage menopausal problems	26.1	56.8	16.2	<input type="checkbox"/>	20	
62. Other OB-GYN Problems				<input type="checkbox"/>	21	
<u>MENTAL HEALTH PROBLEMS</u>						
63. Assess alcoholism	59.5	34.2	6.3	<input type="checkbox"/>	22	
Manage alcoholism	28.8	54.1	17.1	<input type="checkbox"/>	23	
64. Assess drug abuse/dependence	55.9	37.8	6.3	<input type="checkbox"/>	24	
Manage drug abuse/dependence	20.7	62.2	17.1	<input type="checkbox"/>	25	
65. Assess anxiety reactions	63.1	30.6	6.3	<input type="checkbox"/>	26	
Manage anxiety reactions	38.7	49.5	11.7	<input type="checkbox"/>	27	
66. Assess depression	60.4	32.4	7.2	<input type="checkbox"/>	28	
Manage depression	18.9	64.9	16.2	<input type="checkbox"/>	29	
67. Assess hysteria	55	36	9	<input type="checkbox"/>	30	
Manage hysteria	27	53.2	18.9	<input type="checkbox"/>	31	
68. Assess hyperactivity	45.9	40.5	13.5	<input type="checkbox"/>	32	
Manage hyperactivity	12.6	61.3	26.1	<input type="checkbox"/>	33	
69. Assess mental retardation	47.7	41.4	10.8	<input type="checkbox"/>	34	
Manage mental retardation	16.2	60.4	23.4	<input type="checkbox"/>	35	

				<div>Perform Independently</div> <div>Perform Only With Physician Supervision</div> <div>Should Not Be Done</div>		
I. LIST OF ACTIVITIES				1	2	3
70.	Assess withdrawal	41.4	46.8	11.7	<input type="checkbox"/>	36
	Manage withdrawal	9.0	54.1	36.9	<input type="checkbox"/>	37
71.	Assess psychosomatic psychophysiologic complaints	55.9	37.8	6.3	<input type="checkbox"/>	38
	Assess psychosomatic psychophysiologic complaints	32.4	52.3	14.4	<input type="checkbox"/>	39
72.	Others areas of Mental Health Problems				<input type="checkbox"/>	40,41
	Assess				<input type="checkbox"/>	42
	Manage				<input type="checkbox"/>	43
CANCER PROBLEMS						
73.	Assess neoplasms, benign/malignant	27	45.9	27	<input type="checkbox"/>	44
	Manage neoplasms, benign/malignant	1.8	49.5	48.6	<input type="checkbox"/>	45
74.	Assess pre and postoperative cancer care	28.8	46.8	23.4	<input type="checkbox"/>	46
	Manage pre and postoperative cancer care	7.2	55.9	36.0	<input type="checkbox"/>	47
75.	Assess pre and postchemotherapy care	22.5	51.4	26.1	<input type="checkbox"/>	48
	Manage pre and postchemotherapy care	6.3	54.1	39.6	<input type="checkbox"/>	49
76.	Assess pre and postradiation care	22.5	50.5	27	<input type="checkbox"/>	50
	Manage pre and postradiation care	7.2	53.2	39.6	<input type="checkbox"/>	51
EMERGENCIES						
77.	Assess acute abdomen	28.8	48.6	22.5	<input type="checkbox"/>	52
	Manage acute abdomen	.9	38.7	60.4	<input type="checkbox"/>	53
78.	Assess animal bites and stings	57.7	37.8	4.5	<input type="checkbox"/>	54
	Manage animal bites and stings	38.7	51.4	9.9	<input type="checkbox"/>	55
79.	Assess burns	43.2	51.4	5.4	<input type="checkbox"/>	56
	Manage burns	13.5	67.6	18.9	<input type="checkbox"/>	57
80.	Assess cardiac emergencies	24.3	47.7	27.9	<input type="checkbox"/>	58
	Manage cardiac emergencies	3.6	35.1	61.3	<input type="checkbox"/>	59

I. LIST OF ACTIVITIES			Perform Independently	Perform Only With Physician Supervision	Should Not Be Performed
	1	2	3		
81. Assess respiratory emergencies Manage respiratory emergencies	23.4	51.4	25.2	<input type="checkbox"/>	60
	2.7	37.8	39.5	<input type="checkbox"/>	61
82. Assess poisonings Manage poisonings	27.9	56.8	15.3	<input type="checkbox"/>	62
	7.2	49.5	43.2	<input type="checkbox"/>	63
83. Assess neglected/battered person - child or adult Manage neglected/battered person - child or adult	38.7	53.2	8.1	<input type="checkbox"/>	64
	11.7	62.2	26.1	<input type="checkbox"/>	65
84. Other emergencies				<input type="checkbox"/>	66, 67
Assess				<input type="checkbox"/>	68
Manage				<input type="checkbox"/>	69
85. Assess blood disorders, nonmalignant Manage blood disorders, nonmalignant	33.3	52.3	13.5	<input type="checkbox"/>	70
	13.5	58.6	27.0	<input type="checkbox"/>	71
86. Assess infectious diseases Manage infectious diseases	36.9	52.3	9.0	<input type="checkbox"/>	72
	15.3	65.8	18.0	<input type="checkbox"/>	73
87. Assess frostbite/heat injury Manage frostbite/heat injury	38.7	52.3	9.0	<input type="checkbox"/>	74
	13.5	63.1	23.4	<input type="checkbox"/>	75
88. Assess exogenous obesity Manage exogenous obesity	77.5	18.9	3.6	<input type="checkbox"/>	1 77, 78, 79
	66.7	28.8	4.5	<input type="checkbox"/>	2
89. Assess nutritional deficiencies Manage nutritional deficiencies	70.3	24.3	5.4	<input type="checkbox"/>	3
	48.6	45.0	6.3	<input type="checkbox"/>	4
90. Assess parasitic disease Manage parasitic disease	54.1	37.8	7.2	<input type="checkbox"/>	5
	33.3	53.2	13.5	<input type="checkbox"/>	6
91. Assess varicose veins Manage varicose veins	61.3	34.2	4.5	<input type="checkbox"/>	7
	47.7	43.2	9.0	<input type="checkbox"/>	8
92. Assess thrombophlebitis Manage thrombophlebitis	39.6	45.9	14.4	<input type="checkbox"/>	9
	10.8	55.0	34.2	<input type="checkbox"/>	10

NEEDS PERCEPTION FNP

Please consider how you feel about these statements, then circle the response that best describes your opinion on the topic.

1. The Army Nurse Corps should recognize spaces for Family Nurse Practitioners within the AMEDD.

Agree 1 2 3 4 5 6 7 Disagree

2. The Army Nurse Corps should recognize spaces for Family Nurse Practitioners only if these spaces are not taken from other areas of Nursing practice.

Agree 1 2 3 4 5 6 7 Disagree

3. Because Nurse Practitioners are assigned against fixed nursing spaces, they impact negatively against the ANC's ability to accomplish their primary patient care mission.

Agree 1 2 3 4 5 6 7 Disagree

4. Nurse Practitioner is a misnomer, there is really no difference between the care provided by a Nurse Practitioner and a Physician Assistant.

Agree 1 2 3 4 5 6 7 Disagree

5. If it were my decision I would not utilize FNP's in the AMEDD.

Agree 1 2 3 4 5 6 7 Disagree

6. If it were my decision I would recognize spaces for FNP's within the AMEDD from the following sources (circle all that apply).

- a. Volunteers applying for such preparation from within the ANC.
- b. Prepared FNP's applying for a commission from the civilian sector only.
- c. Prepared FNP's from the civilian sector into newly created spaces which would allow an increase in corps strength.
- d. By reducing the number of specialty-specific Practitioner spaces i.e. Adult Care, Pediatrics, OB/GYN, Nurse Midwifery, etc.
- e. Source not particularly at issue, however, must be coupled with increase in Corps strength.
- f. Source not of particular issue, the ANC must recognize the need for these care providers.
- g. I would not recognize Family Nurse Practitioner spaces.

Responses to Attitudinal Items (1 through 5)

Variable	Agree							Disagree		Mean	# Responding
	1	2	3	4	5	6	7				
ANC should recognize spaces for FNPs	(40.5) 17	(11.9) 5	(9.5) 4	(14.3) 6	(2.4) 1	(2.4) 1	(14.3) 6			2.9	40
Recognize but only if not taken from other	(73.8) 31	(7.1) 3	(4.8) 2	(9.5) 4	(0) 0	(2.4) 1	(2.4) 1			1.7	42
Negative impact on overall mission	(23.8) 10	(14.3) 6	(2.4) 1	(11.9) 5	(16.7) 7	(7.1) 3	(21.4) 9			3.9	41
NP = PA	(2.4) 1	(2.4) 1	(4.8) 2	(2.4) 1	(4.8) 2	(4.8) 2	(48.6) 33			6.3	42
Would not utilize	(14.3) 6	(0) 0	(2.4) 1	(14.3) 6	(9.5) 4	(9.5) 4	(47.6) 20			5.3	41

Data is presented as whole numbers. Number in () = percent of total.

Needs Perception FNP

Respondent Sources for FNP

Applicants from within the ANC	20
Prepared FNP from civilian sector	0
Prepared FNP from civilian sector coupled with increased spaces	21
Reducing Specialty/Specific NP spaces	7
Source not at issue, must be coupled with increased spaces	30
Source not at issue must recognize	11
Would not recognize	3

Multiple responses permitted.
Respondents, N = 42.

Needs Perception FNP

Role Function of the practicing Family Nurse Practitioner. The major volume of information requested of the care provider groups concerned role function competency and appropriateness. The investigator chose to look at what it is the Family Nurse Practitioners are doing that required this special preparation and then to compare this list with the perceptions of the preceptors and family practice physicians. Column A consists of the functions/diagnostic categories the FNPs identified themselves to be at least moderately competent in, to use as a regular part of their practice and to have as principle source of competence their practitioner program. Column B displays the physician preceptors' attitudes toward appropriateness and Column C displays the Family Practice Physicians' attitudes in percentages. No statistical comparisons are made due to great differences in Ns.

Function/Diagnostic Category	B Frequency Preceptor Attitude			C Percent of Total FP Physician Attitude		
	*(1)	*(2)	*(3)	*(1)	*(2)	*(3)
1. Obtain a complete health history	5			88.3	9.9	1.8
2. Perform a complete physical exam	4	1		69.4	27.0	3.6
3. Order diagnostic studies	2	3		31.5	58.6	9.9
4. Interpret CBC's	4	1		39.6	50.5	9.9
5. Interpret Clotting Studies	3	2		30.6	58.6	10.8
6. Interpret Cervical Smears (including pap)	1	3	1	26.1	42.3	30.6
7. Interpret pregnancy tests	4	1		65.8	31.5	2.7
8. Interpret culture results	3	2		50.5	39.5	9.9

- (1) = Perform independently
- (2) = Perform only with physician's supervision
- (3) = Should not perform

A	B	C
Function/Diagnostic Category	Frequency Preceptor Attitude *(1) *(2) *(3)	Percent of Total FP Physician Attitude *(1) *(2) *(3)
9. Explain to patient/family results of diagnostic studies performed by self	5	68.5 27.0 3.6
10. Interpret urine studies	2 3	50.5 40.5 8.1
Diagnostic Categories		
1. Assess Hypertension Manage Hypertension	4 1 3 2	57.7 38.7 3.6 35.1 55.9 8.1
2. Assess URIs Manage URIs	5 5	80.2 17.1 2.7 73.0 23.4 2.7
3. Assess Gastroenteritis Manage Gastroenteritis	4 1 3 2	76.6 19.8 3.6 67.6 29.7 2.7
4. Assess Headache Manage Headache	4 1 2 3	50.5 42.3 7.2 30.6 55.9 13.5
5. Assess Strains/Sprains/Tears/ Contusions Manage Strains, etc.	4 1 3 2	57.7 36.0 5.4 40.5 51.4 7.2
6. Assess GI Infections, Acute/ Chronic Assess GI Infections, Acute/ Chronic	5 3 2	61.3 31.5 5.4 38.7 50.5 9.0
7. Assess Renal Pathology	1 4	22.5 49.5 44.1
8. Assess Hay Fever, Allergic Rhinitis/Sinusitis Manage Hay Fever, Allergic Rhinitis/Sinusitis	5 4 1	64 32.4 3.6 53.2 43.2 3.6
9. Assess Bacterial/Fungal Skin Infections Manage Bacterial/Fungal Skin Infections	4 1 3 2	66.7 29.7 3.6 50.5 44.1 5.4

- (1) = Perform independently
 (2) = Perform only with physician's supervision
 (3) = Should not perform

A		B			C		
Function/Diagnostic Category		Frequency Preceptor Attitude			Percent of Total FP Physician Attitude		
		*(1)	*(2)	*(3)	*(1)	*(2)	*(3)
10.	Assess Allergic Dermatitis	4	1		64	29.7	6.3
	Manage Allergic Dermatitis	3	2		54.1	37.8	8.1
11.	Assess Skin Lesions (Primary/Secondary, Benign/ Malignant)	1	4		33.3	52.3	14.4
	Manage Skin Lesions		4	1	8.1	63.1	27.9
12.	Assess Otitis Medus (w/o Mastoiditis)	4	1		71.2	23.4	5.4
	Manage Otitis Medus	4	1		55.9	36.9	7.2
13.	Assess Tonsil/Throat Infections	4	1		76.5	18.9	4.5
	Manage Tonsil/Throat Infections	4	1		63.1	31.5	7.2
14.	Assess Prenatal Care	3	2		52.3	37.8	9.9
	Manage Prenatal Care	2	3		36.0	47.7	16.2
15.	Assess Postnatal Care	3	2		66.7	26.1	7.2
	Manage Postnatal Care	2	3		55.9	33.3	10.8
16.	Assess Family Planning Guidance	4	1		74.8	21.6	3.6
	Manage Family Planning Guidance	4	1		62.2	32.4	5.4
17.	Assess Menstrual Problems	3	2		53.2	37.8	9.0
	Manage Menstrual Problems	2	3		26.1	57.7	16.2
18.	Assess Menopausal Problems	3	2		52.3	37.8	9.0
	Manage Menopausal Problems	2	3		26.1	56.8	16.2
19.	Assess Depression	3	2		60.4	32.4	7.2
	Manage Depression	4	1		18.9	64.9	16.2
20.	Assess Psychosomatic, Psycho- physiologic Complex	2	3		55.9	37.8	6.3
	Manage Psychosomatic, Psycho- physiologic Complex	2	3		32.4	52.3	14.4

- (1) = Perform independently
 (2) = Perform only with physician's supervision
 (3) = Should not perform

A		B			C		
Function/Diagnostic Category		Frequency			Percent of Total		
		Preceptor Attitude			FP Physician Attitude		
		*(1)	*(2)	*(3)	*(1)	*(2)	*(3)
21. Assess Infectious Diseases	Assess Infectious Diseases	2	3		36.9	52.8	9.0
	Manage Infectious Diseases	2	3		15.3	65.8	18.0
22. Assess Exogenous Obesity	Assess Exogenous Obesity	5			77.5	18.9	3.6
	Manage Exogenous Obesity	5			66.7	28.8	4.5
23. Assess Varicose Veins	Assess Varicose Veins	3	2		61.3	34.2	4.5
	Manage Varicose Veins	2	3		47.7	43.2	9.0

- (1) = Perform independently
 (2) = Perform only with physician's supervision
 (3) = Should not perform

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